

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

2009

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Cornage To No.	2. Name of Corporation Beneficial Mortgage Co. of Rhode Island				
3. Street Address Principal Business Office 26525 N. Riverwoods Blvd.			City Mettawa	State IL	Ζφ 60045
4. Business Phone No. 5. State of Incorporation Delware				· · · · · · · · · · · · · · · · · · ·	
6. Brief Description of the Character Consumer Finance	of Business Conducted in R	hode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Fresident Name Vice President Name					
Thomas M. Detelich			Carin Rodemoyer		
Street Address 26525 N. Riverwoods Blvd.			Street Address 26525 N. Riverwoods Blvd.		
City Mettawa	State IL	^{Zip} 60045	City Mettawa	State IL	^{Zip} 60045
Secretary Name Loretta R. Abrams			Treasurer Name Daniel W. Anderson		
Street Address 26525 N. Riverwoods Blvd.			Street Address 26525 N. Riverwoods Blvd.		
City Mettawa	State IL	^{Zip} 60045	Gity Mettawa	State IL	^{Zip} 60045
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS					
Thomas M. Detelich			Director Name John T. Greene		
Street Address 26525 N. Riverwoods Blvd.			Street Address 26525 N. Riverwoods Blvd.		
City	State	Zip	City	State	Zip
Mettawa Director Name	. J (L	60045	Mettawa Director Name	IL	[60045
Kathryn Madison					
Street Address 26525 N. Riverwoods Blvd.			Street Address		
City Mettawa	State IL	<i>хір</i> 60045	City	State	Zip
9. SHARES AUTHORIZED 250			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			50 shrs	Common	\$ 100.00
This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
this report must be executed	on behalf of the corpo	oration by the receiver of	or trustee.		
					that I have examined this repor-
including any accompanying schedules and statements, and that all statement contained perein are true and correct.					
File Date					
AUG 17 2009 Check No. Check No. On: IN WY Joseph M. Angelo					
By: Print or Type Name Assistant Secretary					
FOR SECRETARY OF ST	TATE USE ONLY	I ATE	THE	Jointal y	
					Form 630 Rev. 08/08