



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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.**

\* 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. Corporate ID No. 144301		2. Name of Corporation AMERICAN TRUST MORTGAGE, INC.			
3. Street Address Principal Business Office 324 ESSEX STREET			City SWAMPSCOTT	State MA	Zip 01907
4. Business Phone No. 781-477-0110		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PAUL J. MIGNONE			Vice President Name STEPHEN R. SULLIVAN		
Street Address 864 HUMPHREY STREET			Street Address 48 SANBORN ROAD		
City SWAMPSCOTT	State MA	Zip 01907	City EAST KINGSTON	State NH	Zip 03827
Secretary Name PAUL J. MIGNONE			Treasurer Name PAUL J. MIGNONE		
Street Address 864 HUMPHREY STREET			Street Address 864 HUMPHREY STREET		
City SWAMPSCOTT	State MA	Zip 01907	City SWAMPSCOTT	State MA	Zip 01907
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name PAUL J. MIGNONE			Director Name		
Street Address 864 HUMPHREY STREET			Street Address		
City SWAMPSCOTT	State MA	Zip 01907	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class Series	Par Value NO PAR

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.

File Date **FILED**

Check No. **OCT 15 2009**

By: **By 7018**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature **PAUL J. MIGNONE** Date **10/5/09**

Print or Type Name **PAUL J. MIGNONE**

Title **PRESIDENT**