Sector Land	Office of the Secre	Providence Plantations Fee: \$50 etary of State
an otary of Stol	Division Of Busir 148 W. Rive Providence RI 0 (401) 222-	r Street 2904-2615
imited Liability Com	nany	
nnual Report		
iling Period: September 1	- November 1	
	7-16-66(d), each limited liability co hirty (30) days after the time presc	
-16-66(b&c)) is subject to		nbed by law (R.I.G.L.
ANNUAL REPORT YEAR:	<u>2011</u>	
1. ID No. <u>000306675</u>		
2. Exact Name of the Li	mited Liability Company <u>AURC</u>	DRA LOAN SERVICES LLC
3. State of Formation		
State: <u>DE</u>		
4. Brief Description of th	e Character of the Business Wh	ich is Actually Conducted in Rhode Island
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Mortgage Lender and Ser 5. Principal Office Addre	rvicer_	
Mortgage Lender and Ser 5. Principal Office Addre	rvicerss	
Mortgage Lender and Ser <b>5. Principal Office Addre</b> No. and Street: <u>C/O CO</u>	rvicer_	PANY
Mortgage Lender and Ser <b>5. Principal Office Addre</b> No. and Street: <u>C/O COI</u> <u>2711 CE</u>	<u>rvicer</u> ss RPORATION SERVICE COM NTERVILLE ROAD, SUITE 4	PANY
Mortgage Lender and Ser <b>5. Principal Office Addre</b> No. and Street: <u>C/O COI</u> <u>2711 CE</u> City or Town: <u>WILMIN</u>	<u>rvicer</u> ss RPORATION SERVICE COM NTERVILLE ROAD, SUITE 4	<u>PANY</u> 00 State: <u>DE</u> Zip: <u>19808</u> Country: <u>US</u>
Mortgage Lender and Ser 5. Principal Office Addre No. and Street: <u>C/O COI</u> <u>2711 CE</u> City or Town: <u>WILMIN</u> 6. Mailing Address of Lin	rvicer_ ss RPORATION SERVICE COM NTERVILLE ROAD, SUITE 4 NGTON mited Liability Company and Na	<u>PANY</u> 00 State: <u>DE</u> Zip: <u>19808</u> Country: <u>US</u>
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Mortgage Lender and Ser 5. Principal Office Addre No. and Street: C/O COI 2711 CE City or Town: WILMIN 6. Mailing Address of Lin Contact Name: Contact T No. and Street: 10350 City or Town: LITTL	rvicer_ ss RPORATION SERVICE COM NTERVILLE ROAD, SUITE 4 NGTON mited Liability Company and Na Fitle: PARK MEADOWS DRIVE ETON	<u>PANY</u> 00 State: <u>DE</u> Zip: <u>19808</u> Country: <u>US</u> me or Title of Contact Person:
Mortgage Lender and Ser 5. Principal Office Addre No. and Street: <u>C/O COI</u> <u>2711 CE</u> City or Town: <u>WILMIN</u> 6. Mailing Address of Lin Contact Name: Contact T No. and Street: <u>10350</u> City or Town: <u>LITTL</u> 7. Name and Address of	rvicer_ ss RPORATION SERVICE COM NTERVILLE ROAD, SUITE 4 NGTON mited Liability Company and Na Fitle: PARK MEADOWS DRIVE ETON	PANY 00 State: <u>DE</u> Zip: <u>19808</u> Country: <u>US</u> <b>me or Title of Contact Person:</b> State: <u>CO</u> Zip: <u>80124</u> Country: <u>USA</u>
Mortgage Lender and Ser 5. Principal Office Addre No. and Street: C/O COL 2711 CE City or Town: WILMIN 6. Mailing Address of Lin Contact Name: Contact T No. and Street: 10350 City or Town: LITTL 7. Name and Address of DO NOT LIST MEMBER	rvicer ss RPORATION SERVICE COM NTERVILLE ROAD, SUITE 4 NGTON mited Liability Company and Na Fitle: PARK MEADOWS DRIVE ETON Each Manager of the Limited L RS	PANY 00 State: <u>DE</u> Zip: <u>19808</u> Country: <u>US</u> me or Title of Contact Person: State: <u>CO</u> Zip: <u>80124</u> Country: <u>USA</u> iability Company, if Applicable.
Mortgage Lender and Ser 5. Principal Office Addre No. and Street: C/O COL 2711 CE City or Town: WILMIN 6. Mailing Address of Lin Contact Name: Contact T No. and Street: 10350 City or Town: LITTL 7. Name and Address of DO NOT LIST MEMBER	rvicer_ ss RPORATION SERVICE COM NTERVILLE ROAD, SUITE 4 NGTON mited Liability Company and Na Fitle: PARK MEADOWS DRIVE ETON Each Manager of the Limited L RS Individual Name	PANY 00 State: <u>DE</u> Zip: <u>19808</u> Country: <u>US</u> me or Title of Contact Person: State: <u>CO</u> Zip: <u>80124</u> Country: <u>USA</u> iability Company, if Applicable. Address

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 26 Day of October, 2010 at 11:00:04 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>AIDA Y. SARMAST</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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