RI SOS Filing Number: 201174179260 Date: 01/28/2011 4:00 PM

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 2011

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.	2. Name of Corporation			
105110	STERLING NATIONAL MORTGAGE COMPANY, INC.			
3. Street Address Principal Business Office		City	State	Zip
98 CUTTERMILL ROAD, SUITE 200N		GREAT NECK	NEW YORK	11021
4. Business Phone No.	5. State of Incorporation			
(516) 487-0018	NEW YORK			

6. Brief Description of the Character of Business Conducted in Rhode Island
MORTGAGE BUSINESS

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
MICHAEL BIZENOV			AJAY TIMOTHY		
Street Address			Street Address		
98 CUTTERMILL ROAD, SUITE 200N			98 CUTTERMILL ROAD, SUITE 200N		
City	State	Zip	City	State	Zip
GREAT NECK	NEW YORK	11021	GREAT NECK	NEW YORK	11021
Secretary Name			Treasurer Name		
DEBBIE MONTEMARANO			NEAL KRUMPER		
Street Address			Street Address		
98 CUTTERMILL ROAD, SUITE 200N			98 CUTTERMILL ROAD, SUITE 200N		
City	State	Zip	City	State	Zip
GREAT NECK	NEW YORK	11021	GREAT NECK	NEW YORK	11021

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
MICHAEL BIZENOV			LOUIS J. CAPPELLI		
Street Address			Street Address		
98 CUTTERMILL ROAD, SUITE 200N			650 FIFTH AVENUE, 4TH FL.		
City	State	Zip	City	State	Zip
GREAT NECK	NEW YORK	11021	NEW YORK	NY	10019
Director Name			Director Name		
JOHN MILLMAN					
Street Address			Street Address		
650 FIFTH AVENUE, 4TH FL.					
City	State	Zip	City	State	Zip
NEW YORK	NEW YORK	10019			

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	COMMON	PAR VALUE

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.

[redacted] [redacted]

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 *Date* 1/24/2011

DEBBIE MONTEMARANO
Print or Type Name

[redacted] SECRETARY
Title

File Date FILED

Check No. JAN 28 2011

By: BY 12176

FOR SECRETARY OF STATE USE ONLY

58130-8-589570

Form 630 Rev. 08/08