



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. 423879		2. Name of Corporation Real Estate Mortgage Network, Inc.			
3. Street Address Principal Business Office 70 Grand Avenue, Suite 109			City River Edge	State New Jersey	Zip 07661
4. Business Phone No. 732-738-7100		5. State of Incorporation New Jersey			
6. Brief Description of the Character of Business Conducted in Rhode Island Mortgage Lending					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joel R. Katz, President			Vice President Name Joseph P. Sheridan, EVP		
Street Address 499 Thornall Street, 2nd Floor			Street Address 499 Thornall Street, 2nd Floor		
City Edison, NJ 08837	State New Jersey	Zip 08837	City Edison	State New Jersey	Zip 08837
Secretary Name Philip A. Schild, Secretary			Treasurer Name Glenn W. Ruode		
Street Address 499 Thornall Street, 2nd Floor			Street Address 499 Thornall Street, 2nd Floor		
City Edison	State New Jersey	Zip 08837	City Edison	State New Jersey	Zip 08837
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter Richard Norden			Director Name Douglas M. Rotella		
Street Address 70 Grand Avenue, Suite 109			Street Address 70 Grand Avenue, Suite 109		
City River Edge	State New Jersey	Zip 07661	City River Edge	State New Jersey	Zip 07661
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	Class/Series	Par Value
			100	Common	0
			1600	Preferred	0

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 CORPORATION DIVISION
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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.

FILED

MAY 02 2011

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

By 143527
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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.

Joel R. Katz
 Signature Date
 Joel R. Katz
 Print or Type Name
 President
 Title