

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 ON THIS REPORT 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 Equity Settlemen	+ Services Inc
3. Street Address Principal Business Office	Snithtown State MY 11787
4. Business Phone No. 5. State of Incorporation	
6. Brief Description of the Character of Business Conducted in Rhode Island Title Trsurage Closing Services	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC	Vice President Name
Charles P. Ferraro	Christopher Delisla
444 Rt (1)	City State Zip
Secretary Name	So the Son Y 11787
Charles Ferraro	Pamela Buck Street Address
Street Address HYY R+ III	444 Rt. [11
Smithtown state WY 1787	Smithteen State UY Zip 11787 ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Swith town by 110 87	Swithtown NY 11787
Street Address Co.	Street Address
444 Kd. [1]	City State Zin
Swithtown BY 11387	Smithtown WY 317 67
9. SHARES AUTHORIZED	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	Number of Shares Class/Series Par Valle Sc
instruction sheet.	
This report must be executed on behalf of the corporation by an authorize	ed representative. If the corporation is in the hands of a preciver entrustee,
this report must be executed on behalf of the corporation by the receiver or trustee.	
\Box $Q' \supset S$	
/, 0/	Under penalty of perjusy. I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statement
FILED File Date	contained become true and correct.
AUG 0 3 2011 Check No	Signature Charles P. Furraro
By 70/7659	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 08/08