RALPHMORE	Office of the Secret	ovidence Plantations ary of State	Fee: \$50.00
A 200	Division Of Busines	ss Services	
	148 W. River	Street	
2 - 2	Providence RI 029	904-2615	
cretary of Sto	(401) 222-30)40	
_imited Liability Con	npany		
Annual Report			
Filing Period: September 1	I - November 1		
ïle its annual report within	7-16-66(d), each limited liability com thirty (30) days after the time prescrib		
7-16-66(b&c)) is subject to	a penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2011</u>		
1. ID No. <u>00050741</u>	<u>4</u>		
2. Exact Name of the L	imited Liability Company <u>Home Se</u>	rvicing, LLC	
3. State of Formation			
State: <u>LA</u>			
	he Character of the Business Which	n is Actually Conducted in RI	hode Island
4. Brief Description of t		n is Actually Conducted in Rl	hode Island
	g on 1st liens only	n is Actually Conducted in Rl	hode Island
 Brief Description of the Mortgage Loan Servicing Principal Office Address 	g on 1st liens only	- 	hode Island
 Brief Description of the Mortgage Loan Servicing Principal Office Addression No. and Street: <u>8641 UN</u> 	g on 1st liens only	- 	
 4. Brief Description of the Mortgage Loan Servicing 5. Principal Office Addression No. and Street: <u>8641 UN</u> City or Town: <u>BATON</u> 	g on 1st liens only_ ess NITED PLAZA BOULEVARD, SU	<u>IITE 302</u> State: <u>LA</u> Zip: <u>708</u>	
 Brief Description of the Mortgage Loan Servicing Principal Office Addression No. and Street: <u>8641 UP</u> City or Town: <u>BATON</u> Mailing Address of L 	g on 1st liens only ess NITED PLAZA BOULEVARD, SU I ROUGE imited Liability Company and Name	I <u>ITE 302</u> State: <u>LA</u> Zip: <u>708</u> or Title of Contact Person:	
 4. Brief Description of the Mortgage Loan Servicing 5. Principal Office Addression No. and Street: <u>8641 UP</u> City or Town: <u>BATON</u> 6. Mailing Address of L Contact Name: <u>GEORG</u> 	g on 1st liens only ess <u>NITED PLAZA BOULEVARD, SU</u> I ROUGE imited Liability Company and Name <u>E G. CABALLERO</u> Contact Title: <u>MA</u>	T <u>ITE 302</u> State: <u>LA</u> Zip: <u>708</u> e or Title of Contact Person: NAGER	
 4. Brief Description of the Mortgage Loan Servicing 5. Principal Office Addression No. and Street: <u>8641 UP</u> City or Town: <u>BATON</u> 6. Mailing Address of L Contact Name: <u>GEORG</u> No. and Street: <u>8641 UP</u> 	g on 1st liens only ess NITED PLAZA BOULEVARD, SU I ROUGE imited Liability Company and Name	T <u>ITE 302</u> State: <u>LA</u> Zip: <u>708</u> e or Title of Contact Person: NAGER	<u>09</u> Country: <u>USA</u>
 4. Brief Description of the Mortgage Loan Servicing 5. Principal Office Address No. and Street: <u>8641 UP</u> City or Town: <u>BATON</u> 6. Mailing Address of L Contact Name: <u>GEORG</u> No. and Street: <u>8641 UP</u> City or Town: <u>BATON</u> 	g on 1st liens only ess <u>NITED PLAZA BOULEVARD, SU</u> I ROUGE imited Liability Company and Name <u>E G. CABALLERO</u> Contact Title: <u>MA</u> <u>NITED PLAZA BOULEVARD, SU</u> I ROUGE f Each Manager of the Limited Liab	<u>TTE 302</u> State: <u>LA</u> Zip: <u>708</u> or Title of Contact Person: <u>NAGER</u> <u>TTE 302</u> State: <u>LA</u> Zip: <u>708</u>	<u>09</u> Country: <u>USA</u> 09 Country: <u>USA</u>
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE, RI 02903

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

Signed this 1 Day of September, 2011 at 3:52:45 PM 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 GEORGE G CABALLERO

Signature of Authorized Person

Form No. 632 Revised 09/07

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