



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000517351		2. Exact name of the Corporation Home Savings Bancorp			
3. Principal office address 35 E Broadway			City Little Falls	State MN	Zip 56345
4. Business Phone No. 320-632-5461			5. State of Incorporation Minnesota		
6. Brief description of the character of business conducted in Rhode Island Originate mortgage & real estate loans.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Dirk Adams			Vice-President Name Greg Reniere		
Street Address 35 E Broadway			Street Address 35 E Broadway		
City Little Falls	State MN	Zip 56345	City Little Falls	State MN	Zip 56345
Secretary Name Lara Kayayan			Treasurer Name Larry Hartwig		
Street Address 6363 Greenwich Dr Ste 100			Street Address 35 E Broadway		
City San Diego	State CA	Zip 92122	City Little Falls	State MN	Zip 56345
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gary Olson			Director Name David Welch		
Street Address 35 E Broadway			Street Address 35 E Broadway		
City Little Falls	State MN	Zip 56345	City Little Falls	State MN	Zip 56345
Director Name None			Director Name None		
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.					

FILED

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.

File Date: **FEB 21 2012**
 Check No:
 By: *[Signature]*
FOR SECRETARY OF STATE USE ONLY

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] 2/14/12
 Signature of Authorized Representative Date
 Jim Weiss
 Print or Type Name of Authorized Representative