



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 2012

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. 126556		2. Name of Corporation CASTLE MORTGAGE BROKERAGE, INC.			
3. Street Address Principal Business Office 1819 ACUSHNET AVENUE			City NEW BEDFORD	State MA	Zip 02745
4. Business Phone No. 508-995-0740		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island MORTGAGE BROKERAGE FIRM					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSE S. CASTELO			Vice President Name		
Street Address 505 MIDDLE ROAD			Street Address		
City ACUSHNET	State MA	Zip 02743	City	State	Zip
Secretary Name JOSE S. CASTELO			Treasurer Name JOSE S. CASTELO		
Street Address 505 MIDDLE ROAD			Street Address 505 MIDDLE ROAD		
City ACUSHNET	State MA	Zip 02743	City ACUSHNET	State MA	Zip 02743
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSE S. CASTELO			Director Name		
Street Address 505 MIDDLE ROAD			Street Address		
City ACUSHNET	State MA	Zip 02743	City	State	Zip
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 10,000	Class/Series COMMON	Par Value No 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.

FILED

FEB 28 2012

By: 164835
 File Date _____
 Check No. _____
 By: _____
 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.

Jose S. Castelo
 Signature _____ Date _____
 JOSE S. CASTELO
 Print or Type Name
 PRESIDENT
 Title