



**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 <b>- 127796</b>		2. Exact name of the Corporation <b>New England Regional Mortgage Corp</b>		
3. Principal office address <b>90 Stiles Road Suite 201</b>		City <b>Salem</b>	State <b>NH</b>	Zip <b>03079</b>
4. Business Phone No. <b>603-894-1230</b>		5. State of Incorporation <b>New Hampshire</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Mortgage Lender</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name <b>Nancy Nobile</b>		Vice-President Name		
Street Address <b>9 Ironwood RD</b>		Street Address		
City <b>Windham</b>	State <b>NH</b>	Zip <b>03087</b>	City	State Zip
Secretary Name <b>Nancy Nobile</b>		Treasurer Name		
Street Address <b>9 Ironwood RD</b>		Street Address		
City <b>Windham</b>	State <b>NH</b>	Zip <b>03087</b>	City	State Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name <b>Nancy Nobile</b>		Director Name		
Street Address <b>9 Ironwood RD</b>		Street Address		
City <b>Windham</b>	State <b>NH</b>	Zip <b>03087</b>	City	State Zip
Director Name <b>Dan Gennarelli</b>		Director Name		
Street Address <b>9 Ironwood RD</b>		Street Address		
City <b>Windham</b>	State <b>NH</b>	Zip <b>03087</b>	City	State Zip
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		137,500	Common	\$2.35

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 RECEIVED  
 CORPORATION DIV.

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 \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

FILED 1248  
 SEP 24 2012

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 of Authorized Representative: Nancy Nobile Date: \_\_\_\_\_  
 Print or Type Name of Authorized Representative: **Nancy Nobile**