



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 2011**

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 Rd</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>NH</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
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
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name <b>Nancy Nobile</b>		Director Name <b>Roland Becotte</b>		
Street Address <b>9 Ironwood Rd</b>		Street Address <b>33 Cyr Drive</b>		
City <b>Windham</b>	State <b>NH</b>	Zip <b>03087</b>	City <b>Lawrence</b>	State <b>Ma</b>
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
<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

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.

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Representative

Date