



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000308079		2. Exact name of the limited liability company NATIONAL FORECLOSURER PREVENTION SERVICES LLC	
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island LOSS MITIGATION & SHORT SALES	
5. Principal office address 466 EATON STREET		City PROVIDENCE	State RI
		Zip 02908	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LISA CHILDRESS		Contact Title MEMBER	
Street Address 466 EATON STREET		City PROVIDENCE	State RI
		Zip 02908	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND LISA CHILDRESS 466 EATON STREET, PROVIDENCE RI 02908			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

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 CORPORATIONS DIV

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BY 184004DS

File Date _____
 Check No. _____
 By: _____
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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.

Lisa Childress / 11-21-12
 Signature of Authorized Person Date

LISA CHILRESS

Print or Type Name of Authorized Person