



**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

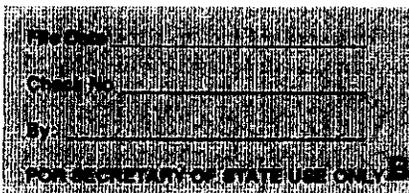
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

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>97707</b>		2. Exact name of the Corporation <b>Intervale Mortgage Corporation</b>			
3. Principal office address <b>400 Reservoir Avenue - Suite 2H</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
4. Business Phone No. <b>(401) 741-1800</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>To make, purchase and sell real estate mortgage loans.</b>					
<b>ALL OFFICERS, DIRECTORS AND SHAREHOLDERS MUST BE RESIDENTS OF RHODE ISLAND</b> <input type="checkbox"/>					
President Name <b>Craig A. Baker</b>			Vice-President Name		
Street Address <b>400 Reservoir Avenue - Suite 2H</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
Secretary Name <b>Norman Jay Bolotow</b>			Treasurer Name <b>Craig A. Baker</b>		
Street Address <b>245 Waterman Street - Suite 401</b>			Street Address <b>400 Reservoir Avenue - Suite 2H</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
<b>ALL DIRECTORS MUST BE RESIDENTS OF RHODE ISLAND</b> <input type="checkbox"/>					
Director Name <b>Craig A. Baker</b>			Director Name		
Street Address <b>400 Reservoir Avenue</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>SHARES AUTHORIZED:</b> <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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common	No Par	

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**

**MAR 01 2013**

**1315**

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

Date

**Craig A. Baker**

**2-26-13**

Print or Type Name of Authorized Representative