



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* 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. 51282	2. Name of Corporation OMEGA FINANCIAL CORP.		
3. Street Address Principal Business Office 100 MIDWAY ROAD, SUITE 19	City CRANSTON	State RI	Zip 02920
4. Business Phone No. 4013313330	5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island MAKING FIRST AND SECOND MORTGAGE LOANS			

7. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Louis A. Regnier			Vice President Name		
Street Address 3505 South Ocean Blvd.			Street Address		
City Highland Beach	State FL	Zip 33431	City	State	Zip
Secretary Name Tamara Wilson			Treasurer Name Mark Marcus		
Street Address 100 Midway Road, Suite 19			Street Address 100 Midway Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920

8. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Louis A. Regnier			Director Name		
Street Address 3505 South Ocean Blvd.			Street Address		
City Highland Beach	State FL	Zip 33431	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		100	common	none

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 11 2013

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.

51282 DBC 02/13/07 07:30:54 AM

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

By

Mark Marcus
CR #1252

Signature

Mark Marcus

Print or Type Name

Treasurer

Title

3/6/13
Date

Form 630 12/05