



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. 000142235		2. Exact name of the Corporation HARBOR MORTGAGE SOLUTIONS, INC.	
3. Principal office address 100 GRANDVIEW RD, SUITE 105		City BRAINTREE	State MA
		Zip 02184	
4. Business Phone No. 781-843-5553		5. State of Incorporation MASSACHUSETTS	
6. Brief description of the character of business conducted in Rhode Island MORTGAGE BROKER			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name CHRISTOPHER G. DOWNY		Vice-President Name	
Street Address 100 GRANDVIEW RD, SUITE 105		Street Address	
City BRAINTREE	State MA	Zip 02184	
Secretary Name GEORGE A. DOWNEY		Treasurer Name GEORGE A. DOWNEY	
Street Address 100 GRANDVIEW RD, SUITE 105		Street Address 100 GRANDVIEW RD, SUITE 105	
City BRAINTREE	State MA	Zip 02184	
City BRAINTREE		State MA	Zip 02184
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name GEORGE A. DOWNEY		Director Name	
Street Address 100 GRANDVIEW RD, SUITE 105		Street Address	
City BRAINTREE	State MA	Zip 02184	
City BRAINTREE		State MA	Zip 02184
9. SHARES AUTHORIZED			
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <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	
200000	COMMON	1000	
300000	PREFERRED	249152	

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 SECRETARY OF STATE
 CORPORATIONS 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

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.

George A. Downey 3/15/2013
 Signature of Authorized Representative Date
GEORGE A. DOWNEY, TREASURER
 Print or Type Name of Authorized Representative

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 MAR 25 2013

BY 02193522