



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 2013

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. 000484679		2. Exact name of the limited liability company Wingspan Portfolio Advisors, LLC			
3. State of Formation TX		4. Brief description of the character of business conducted in Rhode Island Delinquent mortgage loan servicing & payment collection			
5. Principal office address 4100 Midway Road, Suite 1110		City Carrollton	State TX	Zip 75007	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ray Ivey		Contact Title Compliance Analyst			
Street Address 4100 Midway Road, Suite 1110		City Carrollton	State TX	Zip 75007	
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 Steven Horne		Manager Name			
Street Address 5403 Lago Vista		Street Address			
City Frisco	State TX	Zip 75034	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
OCT 11 2013

BY 20620

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.

Stephane Askew 9/26/13
 Signature of Authorized Person Date

Stephane Askew
 Print or Type Name of Authorized Person