



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. 561531		2. Exact name of the limited liability company Ladd Mortgage, LLC			
3. State of Formation CT		4. Brief description of the character of business conducted in Rhode Island Mortgages			
5. Principal office address 191 Albany Turnpike, P.O. Box 343		City Canton		State CT	Zip 06019
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lawrence P. DeFeo, Jr.		Contact Title President/Owner			
Street Address P.O. Box 343		City Canton		State CT	Zip 06019
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 Lawrence P. DeFeo, Jr.		Manager Name			
Street Address 29 Hemlock Lane		Street Address			
City Avon	State CT	Zip 06001	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.					

FILED

OCT 18 2013

BY 3894

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

10/15/2013

Signature of Authorized Person

Date

Lawrence P. DeFeo, Jr.

Print or Type Name of Authorized Person