



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2014

**1. ID No.** 000151977

**2. Exact Name of the Limited Liability Company** NE Moves Mortgage, LLC

**3. State of Formation**

State: MA

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

MORTGAGE LENDING

**5. Principal Office Address**

No. and Street: 1601 TRAPELO ROAD, SUITE 30

City or Town: WALTHAM

State: MA Zip: 02451 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: EILEEN DEL VECCHIO Contact Title: SR. LICENSING ANALYST

No. and Street: 1 MORTGAGE WAY, MAIL STOP LIC

City or Town: MOUNT LAUREL

State: NJ Zip: 08054 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MASSIMO MONACO	3000 LEADENHALL RD MOUNT LAUREL , NJ 08054 USA
MANAGER	WILLIAM M. MULLIN	1601 TRAPELO ROAD STE 30 WALTHAM, MA 02451 USA
MANAGER	WILLIAM F. BROWN	3000 LEADENHALL ROAD MOUNT LAUREL, NJ 08054 USA
MANAGER	KIMBERLY S. SZABO	1601 TRAPELO ROAD WALTHAM, MA 02451 USA
MANAGER	LOUISE A GREEN	1 MORTGAGE WAY 3RD FLOOR

MANAGER	GLEN ALLEN MESSINA	MOUNT LAUREL , NJ 08054 USA 3000 LEADENHALL RD MOUNT LAUREL , NJ 08054 USA
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 11 Day of September, 2014 at 10:45:33 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By WILLIAM F BROWN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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