



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 **2015**

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. <i>[Handwritten Signature]</i>		2. Exact name of the Corporation Rochester Equity Partners, Inc.	
3. Principal office address 500A Canal View Blvd.		City Rochester	State N.Y.
		Zip 14623	
4. Business Phone No. 888-250-9056		5. State of Incorporation New York	
6. Brief description of the character of business conducted in Rhode Island Abstract, Title and Settlement Services			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name John P. Nitsche		Vice-President Name	
Street Address 500A Canal View Blvd.		Street Address	
City Rochester	State NY	Zip 14623	
Secretary Name Kevin D. Whiting		Treasurer Name	
Street Address 500A Canal View Blvd.		Street Address	
City Rochester	State NY	Zip 14623	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name John P. Nitsche		Director Name Kevin D. Whiting	
Street Address 500A Canal View Blvd.		Street Address 500A Canal View Blvd.	
City Rochester	State NY	Zip 14623	
Director Name Matthew L. Schuler		Director Name Alan P. Roides	
Street Address 500A Canal View Blvd.		Street Address 500A Canal View Blvd.	
City Rochester	State NY	Zip 14623	
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	
		100	CNP
			0

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.

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.

Signature of Authorized Representative

Date

John P. Nitsche

Print or Type Name of Authorized Representative

FILED

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BY

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