

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.	2. Exact name of	2. Exact name of the Corporation				
97707	Intervale Mortgage Corporation					
3. Principal office address 400 Reservoir Avenue - Suite 2H			City Providence	State Ri	Zlp 02907	
4. Business Phone No. (401) 741-1800			5. State of incorporation Rhode Island			
6. Brief description of the characte To make, purchase and						
an led companies to the think was supposed in restrict to the second	digitaria proprieta de constata de la constata de l La constata de la co	tiva income in destriction on particular				
President Name Craig A. Baker			Vice-President Name			
Street Address 400 Reservoir Avenue - Suite 2H			Street Address			
City Providence	State RI	Zip 02907	City State		Zip	
Secretary Name Norman Jay Bolotow			Treasurer Name Craig A. Baker			
Street Address 245 Waterman Street - Suite 401			Street Address 400 Reservoir Avenue - Suite 2H			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02907	
Director Name Craig A. Baker	ere aparejeper jagar e sippir i ere		Director Name			
Street Address 400 Reservoir Avenue - :	2H		Street Address			
City Providence	State RI	Zip 02907	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of Instruction sheet.		100	Common	No Par		
This report must be executed on			d representative. If the of the corporation by the n	eceiver or trustee.	of a receiver or trustee,	



FILED MAR 0 5 2015

Under penalty of perfury) 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

Craig A. Baker

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012