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 2015

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. **858886**	2. Exact name of the limited liability company **Inland Home Mortgage Company, LLC**		
3. State of Formation **Illinois**	4. Brief description of the character of business conducted in Rhode Island **Mortgage Broker**		
5. Principal office address **2901 Butterfield Rd.**	City **Oak Brook**	State **IL**	Zip **60523**
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name **Peter B. Stickler**	Contact Title **Manager**		
Street Address **2901 Butterfield Rd.**	City **Oak Brook**	State **IL**	Zip **60523**
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name **Howard A. Jaffe**	Manager Name **Peter B. Stickler**		
Street Address **2901 Butterfield Rd.**	Street Address **2901 Butterfield Rd.**		
City **Oak Brook** / State **IL** / Zip **60523**	City **Oak Brook**	State **IL**	Zip **60523**
Manager Name **Frank Binetti**	Manager Name		
Street Address **2901 Butterfield Rd.**	Street Address		
City **Oak Brook** / State **IL** / Zip **60523**	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
SEP 21 2015
BY 11503

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 therein are true and correct.

Peter B. Stickler — 09/10/2015
Signature of Authorized Person — Date

Peter B. Stickler, Manager
Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 632
Revised: 01/2012

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