



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 106500		2. Exact name of the limited liability company NORTHEAST MORTGAGE, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ORIGINATION AND BROKERING OF MORTGAGE LOANS	
5. Principal office address 975 PONTIAC AVENUE		City CRANSTON,	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ALFRED A. CARDI, JR.		Contact Title MANAGER	
Street Address 975 PONTIAC AVENUE		City CRANSTON	State RI
		Zip 02910	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name ALFRED A. CARDI, JR.		Manager Name MICHAEL J. PALAZZO	
Street Address 16 PHILLIPS COURT		Street Address 1640 PIPPIN ORCHARD ROAD	
City CRANSTON	State RI	Zip 02921	City CRANSTON
			State RI
			Zip 02921
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOSEPH J. DEANGELIS		Address	
Address 177 ELMDALE ROAD		City NORTH SCITUATE	Zip 02857

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 0 6 5 0 0 *

File Date 9-23-02
Check No. 2689
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

x [Signature] 9-19-02
Signature of Authorized Person Date
x ALFRED A. CARDI, JR.
Print or Type Name of Authorized Person