STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 139300

2. Name of Corporation Ocean State Reverse Financing, Inc.

3. Street Address Principal Business Office 1130 Ten Rod Road, Unit D101A
City North Kingstown *State* RI *Zip* 02852

4. Business Phone No. (401) 667-2578

5. State of Incorporation RHODE ISLAND

6. SIC Code 6148

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ORIGINATE REVERSE MORTGAGES AND RESIDENTIAL MORTGAGES

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name William K. White
Street Address 1130 Ten Rod Road, Unit D101A
City North Kingstown *State* RI *Zip* 02852

Vice President Name William K. White
Street Address 1130 Ten Rod Road, Unit D101A
City North Kingstown *State* RI *Zip* 02852

Secretary Name William K. White
Street Address 1130 Ten Rod Road, Unit D101A
City North Kingstown *State* RI *Zip* 02852

Treasurer Name William K. White
Street Address 1130 Ten Rod Road, Unit D101A
City North Kingstown *State* RI *Zip* 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name William K. White
Street Address 1130 Ten Rod Road, Unit D101A
City North Kingstown *State* RI *Zip* 02852

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
10,000	NO PAR VALUE	

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	common	no par value

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 139300 [redacted]

139300 DBC 01 03-31-2005 03:06:54 PM
File Date MAR 31 2005 FILED
Check No. 1232
By [redacted]
By:

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.

William K White 1-29-2005
Signature of Officer *Date*

William K. White
Print or Type Name of Officer

President