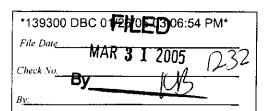


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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. 2. Name of Corporation 139300 Ocean State Reverse Financing, Inc. 3. Street Address Principal Business Office State 1130 Ten Rod Road, Unit D101A North Kingstown RΙ 02852 4. Business Phone No. 5. State of Incorporation 6. SIC Code 667-2578 (401) RHODE ISLAND 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 Vice President Name William K. White William K. White Street Address Street Address 1130 Ten Rod Road, Unit D101A 1130 Ten Rod Road, Unit D101A City State Zip State ZipNorth Kingstown RI 02852 02852 North Kingstown RI Secretary Name Treasurer Name William K. White William K. White Street Address Street Address 1130 Ten Rod Road, Unit D101A 1130 Ten Rod Road, Unit D101A Cirv State City Zip State Zip North Kingstown RI 02852 North Kingstown RI 02852 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name William K. White None Street Address Street Address 1130 Ten Rod Road, Unit D101A City State Zip City State ZipNorth Kingstown 02852 RI Director Name Director Name None None Street Address Street Address City State City ZipZipState 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) □ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 10,000 NO 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





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.

Adilliam K Adhita

William K. White

Print or Type Name of Officer

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