



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. 109263		2. Exact name of the Corporation Equiant Financial Services Inc.			
3. Principal office address 5401 N Pima Rd Suite 150		City Scottsdale	State AZ	Zip 85250	
4. Business Phone No. 480-444-5999		5. State of Incorporation AZ			
6. Brief description of the character of business conducted in Rhode Island Loan Servicing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Frank A. Morrisroe			Vice-President Name Don Y Kim		
Street Address 5401 N Pima Rd. Ste 150			Street Address 5401 N Pima Rd. Suite 150		
City Scottsdale	State AZ	Zip 85142	City Scottsdale	State AZ	Zip 85250
Secretary Name Eric St. Hilaire-Smith			Treasurer Name Don Schade		
Street Address 5401 N Pima Rd. Suite 150			Street Address 5401 N Pima Rd. Suite 150		
City Scottsdale	State AZ	Zip 85250	City Scottsdale	State AZ	Zip 85250
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Frank Morrisroe			Director Name		
Street Address 5401 N Pima Rd. Suite 150			Street Address		
City Scottsdale	State AZ	Zip 85250	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	CWP	1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 16 2016

By 270158

KM

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.

Signature of Authorized Representative

Date

Frank Morrisroe

Print or Type Name of Authorized Representative