



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 **2016**

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. 69278		2. Exact name of the Corporation RODMAN FINANCIAL CORP.			
3. Principal office address 131 Dartmouth Street, Suite 101			City Boston	State MA	Zip 02116
4. Business Phone No. 617-267-9400			5. State of Incorporation Massachusetts		
6. Brief description of the character of business conducted in Rhode Island Purchase, sale, financing, investing in or brokerage of real estate, loans, investments, notes or mortgages					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jeffrey S. Rodman			Vice-President Name None		
Street Address 131 Dartmouth Street, Suite 101			Street Address		
City Boston	State MA	Zip 02116	City	State	Zip
Secretary Name Jeffrey S. Rodman			Treasurer Name Jeffrey S. Rodman		
Street Address 131 Dartmouth Street, Suite 101			Street Address 131 Dartmouth Street, Suite 101		
City Boston	State MA	Zip 02116	City Boston	State MA	Zip 02116
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			1,000	common	no par

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

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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

Jeffrey S. Rodman
 Print or Type Name of Authorized Representative

3/9/16

Date