



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. 113901 2. Name of Corporation Luxury Mortgage Corp
3. Street Address Principal Business Office One Landmark Square, Suite 100 City Stamford State CT Zip 06901
4. Business Phone No. 203-327-6000 5. State of Incorporation Delaware 6. SIC Code 6148

7. Brief Description of the Character of Business Conducted in Rhode Island

Mortgage Lending

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

President Name <u>David Adamo (sole officer)</u> Street Address <u>One Landmark Square, Suite 100</u> City <u>Stamford</u> State <u>CT</u> Zip <u>06901</u>	Vice President Name <u>N/A</u> Street Address <u>N/A</u> City <u> </u> State <u> </u> Zip <u> </u>
Secretary Name <u>N/A</u> Street Address <u> </u> City <u> </u> State <u> </u> Zip <u> </u>	Treasurer Name <u>N/A</u> Street Address <u> </u> City <u> </u> State <u> </u> Zip <u> </u>

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

Director Name <u>David Adamo (sole director)</u> Street Address <u>One Landmark Square, Suite 100</u> City <u>Stamford</u> State <u>CT</u> Zip <u>06901</u>	Director Name <u>N/A</u> Street Address <u> </u> City <u> </u> State <u> </u> Zip <u> </u>
Director Name <u>N/A</u> Street Address <u> </u> City <u> </u> State <u> </u> Zip <u> </u>	Director Name <u>N/A</u> Street Address <u> </u> City <u> </u> State <u> </u> Zip <u> </u>

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

Number of Shares	Class/Series	Par Value
3000	Common	\$.01

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

Number of Shares	Class/Series	Par Value
100	common	\$.01

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.

September 6, 2005

Signature of Officer

David Adamo

Print or Type Name of Officer

President

File Date 9/13/05
Check No. 11935
By: QMD



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 113901		2. Name of Corporation Luxury Mortgage Corp.		
3. Street Address Principal Business Office ONE LANDMARK SQ., SUITE 100		City STAMFORD	State CT	Zip 06901
4. Business Phone No. 203-327-6000		5. State of Incorporation DELAWARE		6. SIC Code 6148
7. Brief Description of the Character of Business Conducted in Rhode Island MORTGAGE BANKING/LENDING				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DAVID ADAMO		Vice President Name N/A		
Street Address ONE LANDMARK SQ., SUITE 100		Street Address N/A		
City STAMFORD	State CT	Zip 06901	City N/A	State N/A
Secretary Name DAVID ADAMO		Treasurer Name N/A		
Street Address ONE LANDMARK SQ., SUITE 100		Street Address N/A		
City STAMFORD	State CT	Zip 06901	City N/A	State N/A
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name DAVID ADAMO		Director Name N/A		
Street Address ONE LANDMARK SQ., SUITE 100		Street Address N/A		
City STAMFORD	State CT	Zip 06901	City N/A	State N/A
Director Name N/A		Director Name N/A		
Street Address N/A		Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares 3,000 COMM \$01 PAR VALUE	Class/Series N/A	Par Value N/A	Number of Shares 100	Class/Series COMMON STOCK
N/A		N/A	N/A	Par Value \$.01
N/A		N/A	N/A	N/A

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



* 1 1 3 9 0 1 *

File Date	2-23-04
Check No.	8745
By:	ILP
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.

Signature of Officer
DAVID ADAMO
Print or Type Name of Officer
PRESIDENT / SOLE DIRECTOR
Date
2/19/04
Title of Officer



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **113901** 2. Name of Corporation **Luxury Mortgage Corp.**

3. Street Address Principal Business Office
One Landmark Square

4. Business Phone No. **203 321-6000** 5. State of Incorporation **DELAWARE**

7. Brief Description of the Character of Business Conducted in Rhode Island
MORTGAGE BANKING

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

President Name **David Adamo**
Street Address **One Landmark Sq. Ste 100**
City **Stamford** State **CT** Zip **06901**

Secretary Name **David Adamo**
Street Address **One Landmark Sq. Ste 100**
City **Stamford** State **CT** Zip **06901**

City **STAMFORD** State **CT** Zip **06901**
6. SIC Code

Vice President Name **NONE**
Street Address
City State Zip

Treasurer Name **NONE**
Street Address
City State Zip

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

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

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
3,000 COMM \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common .01

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



* 1 1 3 9 0 1 *

File Date: **4-7-03**

Check No.: **0662**

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 Officer **David Adamo** Date **2/2/03**
Print or Type Name of Officer



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Corporations Division
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 113901 2. Name of Corporation Luxury Mortgage Corp.

3. Street Address Principal Business Office One Landmark Square, Suite 100 City Stamford State CT Zip 06901

4. Business Phone No. 203-327-6000 5. State of Incorporation DELAWARE 6. SIC Code 6148

7. Brief Description of the Character of Business Conducted in Rhode Island

Mortgage Banking/Lending

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

President Name David Adamo Vice President Name None

Street Address One Landmark Square, Suite 100 Street Address

City Stamford State CT Zip 06901 City Stamford State CT Zip 06901

Secretary Name David Adamo Treasurer Name None
Street Address One Landmark Square, Suite 100 Street Address

City Stamford State CT Zip 06901 City Stamford State CT Zip 06901

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

Director Name David Adamo Director Name None

Street Address One Landmark Square, Suite 100 Street Address

City Stamford State CT Zip 06901 City Stamford State CT Zip 06901

Director Name Director Name

Street Address Street Address

City City State State Zip Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value
3,000 COMM \$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value
100 Common \$.01

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



* 1 1 3 9 0 1 *

File Date: 2-19-02

Check No.: 5150

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 Officer DAVID ADAMO Date 2/12/02



STATE OF RHODE ISLAND
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Corporations Division
100 North Main Street, Providence, RI 02903-1335
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **113901** 2. Name of Corporation **Luxury Mortgage Corp.**

3. Street Address Principal Business Office
One Landmark Square, Suite 100 City **Stamford** State **CT** Zip **06901**
4. Business Phone No. **203-327-6000** 5. State of Incorporation **DELAWARE** 6. SIC Code **6148**

7. Brief Description of the Character of Business Conducted in Rhode Island

Mortgage Banking/Lending

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

President Name

David Adamo

Street Address

One Landmark Square, Suite 100

City **Stamford** State **CT** Zip **06901**

Secretary Name

David Adamo

Street Address

One Landmark Square, Suite 100

City **Stamford** State **CT** Zip **06901**

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

Director Name

David Adamo

Street Address

One Landmark Square, Suite 100

City **Stamford** State **CT** Zip **06901**

Director Name

Street Address

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value
3,000 COMM \$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value
None **100** **Common** **\$.01**

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



* 1 1 3 9 0 1 *

File Date: **FILED**

Check No.: **FEB 26 2001**

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 **David Adamo** 2/21/01
Signature of Officer Date