

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

	D IN BLACK) 2. Name of Corpo	ration			
113901		Mortgage Corp	SAMPROVAN WASSELVE, PROMONOMORE, CORRECT OF STORY WERE AN ARRANGED CO	and the second s	
Street Address Principa	••		City	State	Zip
. Business Phone No.	rk Square, Suit	e 100 5. State of Incorpora	Stamford	CT	06901 6. SIC Code
203-327-60		Delaware	The state of the s	SWANTERS OF THE CONTRACT OF TH	6148
	e Character of Business Con	ducted in Rhode Island			
	ge Lending	TOTAL TAY DOVE OF	<i>attachment</i>) 🗌 fill in si	PACES REFORE USING AT	FACHMENTS
resident Name	7,3357,3587,3811,387,31	ICPAS (A BOAROA	Vice President Name		
David Adamo reet Address	(sole officer)	N/A Street Address	en sommense enne ha er e e e en en en en e	×= xx .xx .x
One Landmarl	Square, Suite	100	City	State	Zip
ity Stamford	CT	06901	·		· r
cretary Name			Treasurer Name	and the second second second second	
N/A	<i>Y</i>		N/A	and the second s	
reet Address			Street Address		
ity	State	Zip	City	State	Zip
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	RESSES OF THE DIR	ECTORS ("X" BOX FO	R <i>ATTACHMENT)</i> □ FILL IN	SPACES BEFORE USINGA	TTACHMENTS
irector Name			Director Name		
David Adamo	(sole directo	<u>r)</u>	N/A Street Address	SWIATE OF THE PERSON OF THE PERSON OF THE STATE OF THE PERSON OF THE STATE OF THE S	
	k Square, Suit	e 100	· Our bei Maur tod		
ty	State	Zip	City	State	Zip
Stamford	CT	06901			
and the second s	•		Director Name		
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irector Name N reet Address				water the contraction of the con	Zip
N reet Address	State	Zip	City	State	
reet Address ity					
N reet Address ity 0. SHARES AUTHO	DRIZED ("X" BOX FOR		ii shares issued (*)	State X" BOX FOR ATTACHMENT	
neet Address ty 0. SHARES AUTHOUTHORIZED SHARES	DRIZED ("X" BOX FOR				Par Value
N reet Address ty 0. SHARES AUTHO	DRIZED ("X" BOX FOR	ATTACHMENT)	IT: SHARES ISSUED (*) ISSUED SHARES	X" BOX FOR ATTACHMENT	

File Date 9//3/05

Check No. 1/935

By: 371

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	Date		

David Adamo
Print or Type Name of Officer

President



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 CORPOR Filing Period: January 1 - Ma (FORM MUST BE TYPED OR PRINT	arch 1 • Filing	UAL REPORT 3 Fee: \$50.00	FOR TH	E YEAR	2004		
1 Corporate ID No.	2. Name of Corporation						
113901	Luxury Mortgage	Corp.					
3 Street Address Principal Business Of			City		State	Zip COO	
ONE LANDMARK SG	L., SUITE 100		STAME	ORD		06901	
4. Business Phone No.	<u> </u>	5. State of Incorporation				6. SIC Code	
203-327-6	∞	DELAWARE				16148	
7 Brief Description of the Character of MORTGAGE BANKING/L		hode Island					
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)	_ FILL IN SPAC	CES BEFORE USING	ATTACHMENTS	
President Name			Vice President Na	ime N	1 4		
DAVID AT	>AMO		:	13	17\		
Street Address		~ . ~ ~	Street Address	٠,١	10		
ONE LANDMARK		<u> 100 </u>	<u>; </u>		IA .	1	
STAMFORD	State	^{zip} 06901	City	U/A	State NA	Zip NA	
Secretary Name			Treasurer Name NA				
DAVIDA	<u>AMC)</u>						
"NE LANDMARK	5Q., SUIT	E100	Street Address	- NI	IA		
STAMFORD	State	2ip 26901	City	A	State	2ip - N A	
9. NAMES AND ADDRESSES (OF THE DIRECTORS	S: ("X" BOX FOR ATT		☐ FILL IN SPA	ACES BEFORE USING	ATTACHMENTS	
Director Name DAVID 40	AMO		Director Name		NA		
Street Address		1/5 ==	Street Address		NIA		
ONE LANDMAR	<u>K 5Q.) SL</u>	<u> </u>	<u> </u>	1.	1411/		
STAMFORD	State	^{zip} 06901	City	J/A	State NA	Zip NA	
Director Name	ALU		Director Name	\wedge	J/A	·	
Street Address	1A	,	Street Address	, N	I A		
City	State NA	Zip NA	City	A	State NA	zip NA	
10. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
Number of Shares C	Class/Series	Par Value	Number of Shares		Class/Series	Par Value	
3,000 COMM \$.01 PAR VALUE			100		COMMON STOCK	\$.01	
· · · · · · · · · · · · · · · · · · ·			,		CONTRACTOR OF TACE	` , `	

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 3	
File Date	2-23.04 8745	•
Check No	IUP	
F	OR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare including any accompanying sched contained herein are true and corre	lules and sta		•
			2/19/04
Signature of Officer			Date
DAVID ADA	OMA		
Print or Type Name of Officer	1		
PRESIDENT	SOLE	DIRECTO	PR
Title of Officer			
		rorm of	0 Rev. 12/03



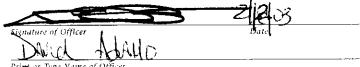
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT COR	PORATION ary 1-March 1 •	ANNUAL RI Filing Fee: \$50.00	EPORT FOR TH	ie year <u>200</u>	$\frac{3}{2}$
(FORM MUST BE TYPED OR PR 1. Corporate ID No. 113901	UNTED IN BLACK) 2. Name of Corpor Luxury Mor				`
3. Street Address Principal Busin	ness Office	<u></u> ટ્રે	SAMERD	State (1	Olo Cu
4. Business Phone No. 24 1- G	w '	5. State of Incorporation DELAWARE			6. SIC Code
7. Brief Description of the Charge	icter of Business Conducted PANKING	in Rhode Island			
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	S BEFORE USING ATTAC	HMENTS
David Ada	uo		Vice President Name NDD C		
Street Address ONC (ANDANAGE	2KSer. Sto	100	Street Address		
Stanted	State	Olo GO 1	City	State	Zip
DAVID ALLA			Treasurer Name		
ONC Modu	ver So. S	70.10c	Street Address		
Stanford	Stank 1	CO901	City	State	Zip
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FOR AT		CES BEFORE USING ATTA	CHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Citv	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	CED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACHMENT	•
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3,000 COMM \$.01 PAR \	/ALUE		100	Courox	.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 *
ile Date:	4703
Theck No.:	(066)
	1 (10)

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.





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

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

113901

Luxury Mortgage Corp.

3. Street Address Principal Business Office

One Landmark Square, Suite 100

City Stamford State

Zip

4. Business Phone No.

5. State of Incorporation

CT

06901 6. SIC Code

203-327-6000

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

David Adamo

Vice President Name None

Street Address

President Name

Street Address

One Landmark Square, Suite 100

City State

Stamford

ZipCT 06901

Zio

Secretary Name David Adamo

Nonee- None

Street Address

Street Address

One Landmark Square, Suite 100

City

City

City

state

State

Zip

Zip

Stamford

06901

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

Director Name

Director Name

David Adamo

None Street Address

Street Address

One Landmark Square, Suite 100

City

State

Ziv

Stamford

Director Name

CT

06901

Director Name

Street Address

Street Address

City

State

State

Zio

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

3,000 COMM \$.01 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.



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate 1 13901

2. Name of Corporation Luxury Mortgage Corp.

. Street Address Principal Bu.	siness Office				City	State	Zip
One Landmark		Suite	100		Stamford	CT	0690
. Business Phone No.				5. State of Incorporation DELAWARE			6. SIC Code
203-327-6000				ACTUMUNE			6148

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

Mortgage Banking/Lending

	nking/Lending			O PECODE LICINIC ATTA	CHARACTE
	DRESSES OF THE OFFIC	CERS ("X" BOX FOR ATTA	ACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTA	CHMENIS
President Name			None		
David Adamo			Street Address		
Street Address	σ σ	ın.	Street Harress		
	Square, Suite 10		Citv	State	Zip
City	State	Zip 06001	City		•
Stamford	CT	06901	T Manta		
Secretary Name			Treasurer Name None		
David Adamo					
Street Address			Street Address		•
One Landmark	Square, Suite 10			C4.46-	Zip
City	State	Zip	City	State	Σιμ
Stamford	CT	06901			A CHIBEENTS
9. NAMES AND AD	DRESSES OF THE DIRE	CTORS ("X" BOX FOR A	• • • • • • • • • • • • • • • • • • • •	CES BEFORE USING ATT	ACHMENIS
Director Name			Director Name		
David Adamo			None		
Street Address			Street Address		
One Landmark	Square, Suite 10			Co	Zip
City	State	Zip	City	State	2.19
Stamford	CT	06901			
Director Name			Director Name		
Street Address			Street Address		
				State	Zip
City	State	Zip	City	State	2.19
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	ORIZED ("X" BOX FOR ATTA	CHMEN17	ISSUED SHARES	(A DONTOR MIMEIMER	
AUTHORIZED SHARES	Class / Sarias	Par Value	Number of Shares	Class/Series	Par Value
at the same of the same					

Number of Shares

3,000 COMM \$.01 PAR VALUE

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

