



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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 SECRETARY OF STATE  
 CORPORATIONS DIVISION  
 2016 AUG 30 AM 10:00

Annual Report for the year: 2016  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>001338307</b>		2. Exact name of the Limited Liability Company <b>Merrimack Mortgage Company, LLC</b>			
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island <b>Non depository mortgage lending</b>			
5. State of Formation <b>MA</b>					
6. Principal Office Address <b>1045 Elm Street</b>		City <b>Manchester</b>	State <b>NH</b>	Zip <b>03101</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Sarah Lobdell</b>		Contact Title <b>Compliance Manager</b>			
Street Address <b>1045 Elm Street, Suite 601</b>		City <b>Manchester</b>	State <b>NH</b>	Zip <b>03101</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>James W. Blake</b>		Manager Name <b>Joseph Casey</b>			
Street Address <b>770 Oak Street</b>		Street Address <b>770 Oak Street</b>			
City <b>Brockton</b>	State <b>MA</b>	Zip <b>02301</b>	City <b>Brockton</b>	State <b>MA</b>	Zip <b>02301</b>
Manager Name <b>Peter Makowiecki</b>		Manager Name <b>Daniel McKenney</b>			
Street Address <b>770 Oak Street</b>		Street Address <b>1045 Elm Street</b>			
City <b>Brockton</b>	State <b>MA</b>	Zip <b>02301</b>	City <b>Manchester</b>	State <b>NH</b>	Zip <b>03101</b>
Check the box to indicate an attachment <input checked="" type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>Daniel McKenney</b>				Date <b>8/24/2016</b>	
Signature of Authorized Person <b>SIGN DOCUMENT HERE</b>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

AUG 30 2016  
 By 282435  
 A.A. 10:07 A.M.

Rhode Island Department of State  
Annual Report for: 2016

Entity ID Number: 001338307

Merrimack Mortgage Company, LLC  
1045 Elm Street  
Manchester, NH 03101

Submitted: August 24, 2016

### **Additional Manager Information**

Timothy Boyle  
1045 Elm Street  
Manchester, NH 03101