



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

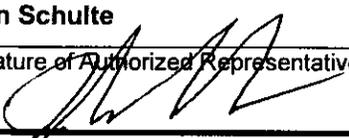
Annual Report for the year: 2016

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
 SECRETARY OF STATE
 CORPORATIONS DIV

2016 SEP -6 AM 10:47

1. Entity ID Number 1094239		2. Exact name of the Corporation Reverse Mortgages.com, Inc.			
3. Principal Office Address 3401 W Broadway Business Park Ct Ste 109 & 213			City Columbia	State MO	Zip 65203
4. Business Phone Number 888-988-8485		5. State of Incorporation Missouri			
6. Brief description of the character of business conducted in Rhode Island Reverse mortgage lending					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Schulte			Vice-President Name John Schulte		
Street Address 3401 W Broadway Business Park Ct Ste 213			Street Address 3401 W Broadway Business Park Ct Ste 213		
City Columbia	State MO	Zip 65203	City Columbia	State MO	Zip 65203
Secretary Name John Schulte			Treasurer Name John Schulte		
Street Address 3401 W Broadway Business Park Ct Ste 213			Street Address 3401 W Broadway Business Park Ct Ste 213		
City Columbia	State MO	Zip 65203	City Columbia	State MO	Zip 65203
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John Schulte			Director Name		
Street Address 3401 W Broadway Business Park Ct Ste 213			Street Address		
City Columbia	State MO	Zip 65203	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input checked="" type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1,100		CNP / VI	0.00
		0		CNP	0.00
11. 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.					
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.					
Name of Authorized Representative John Schulte				Date 8/31/16	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

FILED 

SEP 06 2016

BY AK 282808

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