



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

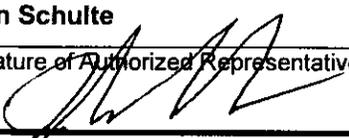
Annual Report for the year: 2016

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