



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 001657168

2. Exact Name of the Limited Liability Company Member First Mortgage, LLC

3. State of Formation

State: MI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

52

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

NONE, THE COMPANY IS ENGAGED PRIMARILY IN THE ORIGINATION, RETENTION, SERVICING AND SALE OF RESIDENTIAL MORTGAGES PRIMARILY LOCATED IN THE STATE OF MICHIGAN. THE COMPANY SELLS RESIDENTIAL MORTGAGES TO ITS OWNER AND AFFILIATE CREDIT UNIONS, THE FEDERAL NATIONAL MORTGAGE ASSOCIATION (FNMA), THE GOVERNMENT NATIONAL MORTGAGE ASSOCIATION (GNMA) AND THE FEDERAL HOME LOAN MORTGAGE COMPANY (FHLMC).

5. Principal Office Address

No. and Street: 616 44TH STREET

City or Town: GRAND RAPIDS

State: MI

Zip: 49548

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 616 44TH STREET

City or Town: GRAND RAPIDS

State: MI

Zip: 49548

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JERRY REED	616 44TH STREET GRAND RAPIDS, MI 49548 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

REGISTERED AGENT SOLUTIONS, INC. 222 JEFFERSON BLVD. SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 8 Day of September, 2016 at 2:42:33 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By AMY M. PIERSON
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved