s	tate of Rhode Island and Pro Office of the Secreta		ons Fee: \$50.00
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615 (401) 222-3040			
UPE C			
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. <u>000497530</u>			
2. Exact Name of the Limited Liability Company Xome Settlement Services LLC			
3. State of Formation			
State: <u>PA</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code		6	<u>81</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
MARKETING/EVALUATION/FINANCING REAL ESTATE			
5. Principal Office Addre	SS		
No. and Street: 750	HIGHWAY 121		
	<u>TE 100</u>		
City or Town: <u>LEV</u>	WISVILLE State: T	<u>X</u> Zip: <u>75067</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact	Title:		
	HIGHWAY 121		
	<u>TE 100</u> ∕ISVILLE State: <u>T≯</u>	Zip: <u>75067</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Add	Iress
	First, Middle, Last, Suffix	Address, City or Town,	State, Zip Code, Country

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, 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 9 Day of September, 2016 at 2:05:55 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 KAREN L. ROBB

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved