| S | tate of Rhode Island and Pro Office of the Secreta | | Fee: \$50.00 |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-------------------|
| | Division Of Business | Services | |
| | 148 W. River S | | |
| | Providence RI 029 | | |
| HOPE | (401) 222-30 | 40 | |
| Limited Liability Com | pany | | |
| Annual Report | | | |
| Filing Period: September 1 | - November 1 | | |
| | 7-16-66(d), each limited liability com n thirty (30) days after the time presc penalty fee of \$25.00. | | |
| ANNUAL REPORT YEAR: | <u>2016</u> | | |
| 1. ID No. <u>000314401</u> | <u> </u> | | |
| 2. Exact Name of the Limited Liability Company <u>EQUITY PRIME MORTGAGE LLC</u> | | | |
| 3. State of Formation | | | |
| State: <u>GA</u> | | | |
| | | | |
| | | | |
| Using the following NAICS codes, please select the code that best describes your business. | | | |
| NAICS Code 6 525990 | | | |
| 4. Brief Description of th | e Character of the Business Whicl | n is Actually Conducted in Rho | de Island |
| | | | |
| MORTGAGE BANKER | BROKER BUSINESS | | |
| E Dringing Office Addre | | | |
| 5. Principal Office Addre | 55 | | |
| No. and Street: <u>5 CONCOURSE PKWY., SUITE 2250</u> | | | |
| City or Town: <u>ATLAN</u> | <u>TA</u> | State: <u>GA</u> Zip: <u>30328</u> Co | untry: <u>USA</u> |
| 6. Mailing Address of Lir | nited Liability Company and Name | e or Title of Contact Person: | |
| Contact Name: JAMES LYONS Contact Title: ASST CHIEF COMPLIANCE OFFICER | | | |
| No. and Street: 5 CONC | OURSE PKWY., SUITE 2250 | | |
| City or Town: ATLAN | <u> </u> | State: <u>GA</u> Zip: <u>30328</u> Co | untry: <u>USA</u> |
| 7. Name and Address of DO NOT LIST MEMBER | Each Manager of the Limited Lial २S | bility Company, if Applicable. | |
| Title | Individual Name | Address | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Co | ode, Country |
| MANAGER | EDUARDO PEREZ JR. | 5 CONCOURSE PKWY., SI ATLANTA, GA 30328 US | |
| MANAGER | KUNJAN PATEL | 5 CONCOURSE PKWY., SI | UITE 2250 |

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

INCORP SERVICES, INC. 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 2:35:55 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 <u>EDUARDO G PEREZ JR</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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