State of Rhode Island and Providence Plantations Fee: \$ Office of the Secretary of State			
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
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>000675938</u>			
2. Exact Name of the Limited Liability Company <u>AVENUE 365 LENDER SERVICES, LLC</u>			
3. State of Formation			
State: PA			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code <u>524127</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
TITLE INSURANCE AGENT			
5. Principal Office Address			
No. and Street: 1777 SENTRY PARK WEST V#14			
City or Town: <u>SUITE</u>		State: PA Zip: 19422 Cou	ntry. USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title: No. and Street: <u>1777 SENTRY PARK WEST V#14</u> SUITE 201			
City or Town: <u>BLUE BELL</u> State: <u>PA</u> Zip: <u>19422</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	Address	
MANAGED	First, Middle, Last, Suffix	Address, City or Town, State, Zip Co	
MANAGER	BARBARA FORD	1777 SENTRY PARK WEST V#	14 SUITE 201

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 11 Day of October, 2016 at 12:57:33 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 BARBARA FORD

Signature of Authorized Person

Form No. 632 Revised 09/07

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