State of Rhode Island and Providence Plantations Department of State - Business Services Division	
Annual Report for the year: 2016 Limited Liability Company	
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	

→ Penalty: Additional \$25.00 fee if form is not filed by December 1. 1. Entity ID Number 2. Exact name of the Limited Liability Company 147750 Professional Title and Escrow, LLC 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island 53 - Real Estate and Rental an Title and escrow services 5. State of Formation Rhode Island State Zip 6. Principal Office Address City 02886 300 Centerville Road Warwick RΙ 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Title Member Contact Name Jeffrey F. Caffrey State RI Street Address 300 Centerville Road City Warwick Zip 02886 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Manager Name Street Address Street Address City State City State Zip Zip Manager Name Manager Name Street Address Street Address City State Zip State Zip Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 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. Date Name of Authorized Person 10/29/2016 Jeffrey F. Caffrey Signature of Authorized Person SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED or

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