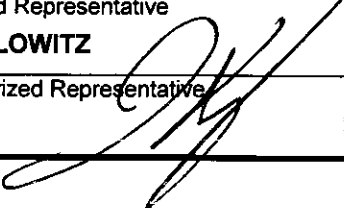




State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2017  
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>821275</b>		2. Exact name of the Corporation <b>RESMAC, INC.</b>			
3. Principal Office Address <b>5400 BROKEN SOUND BOULEVARD, NW SUITE 600</b>		City <b>BOCA RATON</b>	State <b>FL</b>	Zip <b>33487</b>	
4. Business Phone Number <b>877-855-7493</b>		5. State of Incorporation <b>FLORIDA</b>			
6. Brief description of the character of business conducted in Rhode Island <b>MORTGAGE LENDING</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>NELSON S. HAWS</b>			Vice-President Name <b>CURTIS JAMES</b>		
Street Address <b>5400 BROKEN SOUND BLVD, NW #600</b>			Street Address <b>5400 BROKEN SOUND BLVD, NW #600</b>		
City <b>BOCA RATON</b>	State <b>FL</b>	Zip <b>33487</b>	City <b>BOCA RATON</b>	State <b>FL</b>	Zip <b>33487</b>
Secretary Name <b>BRIAN KOPELOWITZ</b>			Treasurer Name <b>CURTIS JAMES</b>		
Street Address <b>5400 BROKEN SOUND BLVD, NW #600</b>			Street Address <b>5400 BROKEN SOUND BLVD, NW #600</b>		
City <b>BOCA RATON</b>	State <b>FL</b>	Zip <b>33487</b>	City <b>BOCA RATON</b>	State <b>FL</b>	Zip <b>33487</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>HARVEY KOPELOWITZ</b>			Director Name <b>NELSON S. HAWS</b>		
Street Address <b>5400 BROKEN SOUND BLVD, NW #600</b>			Street Address <b>5400 BROKEN SOUND BLVD, NW #600</b>		
City <b>BOCA RATON</b>	State <b>FL</b>	Zip <b>33487</b>	City <b>BOCA RATON</b>	State <b>FL</b>	Zip <b>33487</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>262</b>	<b>COMMON</b>	<b>\$1.00</b>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>					
Name of Authorized Representative <b>HARVEY KOPELOWITZ</b>				Date <b>12-19-2016</b>	
Signature of Authorized Representative  <div style="text-align: center;">SIGN DOCUMENT HERE</div>					

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

DEC 27 2016

By LL 291161

FORM 630 - Revised: 05/2016