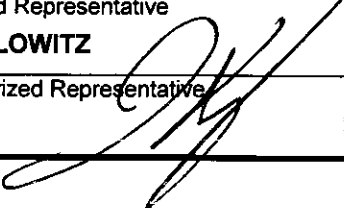




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 821275		2. Exact name of the Corporation RESMAC, INC.			
3. Principal Office Address 5400 BROKEN SOUND BOULEVARD, NW SUITE 600		City BOCA RATON	State FL	Zip 33487	
4. Business Phone Number 877-855-7493		5. State of Incorporation FLORIDA			
6. Brief description of the character of business conducted in Rhode Island MORTGAGE LENDING					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NELSON S. HAWS			Vice-President Name CURTIS JAMES		
Street Address 5400 BROKEN SOUND BLVD, NW #600			Street Address 5400 BROKEN SOUND BLVD, NW #600		
City BOCA RATON	State FL	Zip 33487	City BOCA RATON	State FL	Zip 33487
Secretary Name BRIAN KOPELOWITZ			Treasurer Name CURTIS JAMES		
Street Address 5400 BROKEN SOUND BLVD, NW #600			Street Address 5400 BROKEN SOUND BLVD, NW #600		
City BOCA RATON	State FL	Zip 33487	City BOCA RATON	State FL	Zip 33487
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name HARVEY KOPELOWITZ			Director Name NELSON S. HAWS		
Street Address 5400 BROKEN SOUND BLVD, NW #600			Street Address 5400 BROKEN SOUND BLVD, NW #600		
City BOCA RATON	State FL	Zip 33487	City BOCA RATON	State FL	Zip 33487
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES CLASS/SERIES PAR VALUE			
		262	COMMON	\$1.00	
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. 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.					
Name of Authorized Representative HARVEY KOPELOWITZ				Date 12-19-2016	
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