



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>794231</b>		2. Exact name of the Corporation <b>Lenderfi Inc.</b>			
3. Principal Office Address <b>26010 Mureau Rd #130</b>		City <b>Calabasas</b>		State <b>CA</b>	Zip <b>91302</b>
4. NAICS Code <b>81</b>		6. Brief description of the character of business conducted in Rhode Island <b>Mortgage lending</b>			
5. State of Incorporation <b>CA</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>Ryan Scholer</b>			Vice-President Name <b>Ryan Scholer</b>		
Street Address <b>26010 Mureau Rd #130</b>			Street Address <b>Same as above</b>		
City <b>Calabasas</b>		State <b>CA</b>	Zip <b>91302</b>	City <b>Calabasas</b>	
Secretary Name <b>Ryan Scholer</b>			Treasurer Name		
Street Address <b>Same as above</b>			Street Address		
City		State	Zip	City	
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>Ryan Scholer</b>			Director Name		
Street Address <b>26010 Mureau Rd #130</b>			Street Address		
City <b>Calabasas</b>		State <b>CA</b>	Zip <b>91302</b>	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
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>100,000</b>	<b>Common stock</b>	<b>2,500.00</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>Ryan Scholer</b>				Date <b>1/20/17</b>	
Signature of Authorized Representative <i>Ryan Scholer</i>					

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

11:08

**FILED**

JAN 27 2017

BY 90294322