



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

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Annual Report for the year: 2016
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 001336493		2. Exact name of the Corporation First Title & Escrow, Inc.			
3. Principal Office Address 7361 Calhoun Place, Suite 200			City Rockville	State MD	Zip 20855
4. Business Phone Number:		6. Brief description of the character of business conducted in Rhode Island Real Estate Services			
5. State of Incorporation MD					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen Papermaster			Vice-President Name Pamela Gibbons		
Street Address 7361 Calhoun Place, Suite 200			Street Address 7361 Calhoun Place, Suite 200		
City Rockville	State MD	Zip 20855	City Rockville	State MD	Zip 20855
Secretary Name Stephen Papermaster			Treasurer Name Stephen Papermaster		
Street Address 7361 Calhoun Place, Suite 200			Street Address 7361 Calhoun Place, Suite 200		
City Rockville	State MD	Zip 20855	City Rockville	State MD	Zip 20855
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephen Papermaster			Director Name Pamela Gibbons		
Street Address 7361 Calhoun Place, Suite 200			Street Address 7361 Calhoun Place, Suite 200		
City Rockville	State MD	Zip 20855	City Rockville	State MD	Zip 20855
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 1,000	CLASS/SERIES CWP	PAR VALUE 0.01
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 Kelly Lettmann				Date 1/23/2017	
Signature of Authorized Representative <i>Kelly Lettmann</i>				FILED FEB 01 2017	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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