



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.

RECEIVED
 R.I. DEPARTMENT OF STATE
 2017 FEB -3 PM 1:12

1. Entity ID Number 4223		2. Exact name of the Corporation CITY FINANCE, INC.			
3. Principal Office Address 916 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island Small loans and any other lawful business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kathleen G. Di Muro			Vice-President Name Kathleen G. Di Muro		
Street Address 916 Reservoir Avenue			Street Address 916 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Kathleen G. Di Muro			Treasurer Name Kathleen G. Di Muro		
Street Address 916 Reservoir Avenue			Street Address 916 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kathleen G. Di Muro			Director Name		
Street Address 916 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	Common	No Par Value
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. <i>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.</i>					
Name of Authorized Representative Kathleen G. Di Muro, President				Date 1/26/17	
Signature of Authorized Representative <i>[Signature]</i>				BY [Signature]	

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