

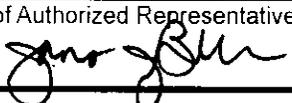


**Department of State - Business Services Division**

**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. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 FEB 28 PM 2:00

1. Entity ID Number <b>93183</b>		2. Exact name of the Corporation <b>Mayflower Financial Corporation</b>			
3. Principal Office Address <b>450 Veterans Memorial Parkway, Suite 7A</b>			City <b>East Providence</b>		State <b>RI</b>
4. NAICS Code <b>52 - Finance and Insurance</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO INVEST IN REAL ESTATE AND REAL ESTATE SERVICE PROVIDERS.</b>			
5. State of Incorporation <b>Rhode Island</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>James J. Belliveau</b>			Vice-President Name <b>Jeffrey A. St. Sauveur</b>		
Street Address <b>107 Rumstick Road</b>			Street Address <b>17 Half Mile Road</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
Secretary Name <b>Jeffrey A. St. Sauveur</b>			Treasurer Name <b>James J. Belliveau</b>		
Street Address <b>17 Half Mile Road</b>			Street Address <b>107 Rumstick Road</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>48</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. <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 <b>James J. Belliveau, President</b>				Date <b>2.28.2017</b>	
Signature of Authorized Representative 				<b>FILED</b> SIGN DOCUMENT HERE <b>FEB 28 2017</b>	

By JA 10764