



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.

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|  |                    |  |   |                    |                        |
|--|--------------------|--|---|--------------------|------------------------|
| 1. Entity ID Number<br><b>001038440</b>  |                    | 2. Exact name of the Corporation<br><b>RFG FINANCIAL, INC.</b>   |   |                    |                        |
| 3. Principal Office Address<br><b>640 George Washington Highway, Bldg. A, Suite 202</b>  |                    | City<br><b>Lincoln</b>   |   | State<br><b>RI</b> | Zip<br><b>02865</b>    |
| 4. NAICS Code<br><b>52 - Finance and Insurance</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Financial services</b> |   |                    |                        |
| 5. State of Incorporation<br><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<br><b>Ross F. Gobeille</b>  |                    |  | Vice-President Name   |                    |                        |
| Street Address<br><b>640 George Washington Highway, Bldg A., Ste 202</b>   |                    |  | Street Address  |                    |                        |
| City<br><b>Lincoln</b>   | State<br><b>RI</b> | Zip<br><b>02865</b>  | City  | State              | Zip                    |
| Secretary Name   |                    |  | Treasurer Name  |                    |                        |
| Street Address   |                    |  | Street Address  |                    |                        |
| City   | State              | Zip  | City  | State              | Zip                    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                    |                        |
| Director Name<br><b>Ross F. Gobeille</b>   |                    |  | Director Name   |                    |                        |
| Street Address<br><b>40 George Washington Highway, Bldg A., Ste 202</b>  |                    |  | Street Address  |                    |                        |
| City<br><b>Lincoln</b>   | State<br><b>RI</b> | Zip<br><b>02865</b>  | City  | State              | Zip                    |
| Director Name  |                    |  | Director Name   |                    |                        |
| Street Address   |                    |  | Street Address  |                    |                        |
| City   | State              | Zip  | City  | State              | Zip                    |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.   |                    |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                        |
|  |                    |  | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE              |
|  |                    |  | <b>0.00</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.<br><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<br><b>Ross F. Gobeille</b>   |                    |  |   |                    | Date<br><b>4/26/17</b> |
| Signature of Authorized Representative<br>   |                    |  |   |                    |                        |

FILED

MAY 1 2017

BY 4-302668MAIL TO:  
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Phone: (401) 222-3040  
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