

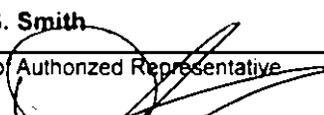


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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 42427		2. Exact name of the Corporation General Commercial Mortgage Company			
3. Principal Office Address 140 Reservoir Avenue		City Providence		State RI	Zip 02907
4. NAICS Code 522110		6. Brief description of the character of business conducted in Rhode Island Commercial Mortgage Lending			
5. State of Incorporation Rhode Island		Title: 7-1.1-51			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donald S. Smith		Vice-President Name Donald S. Smith			
Street Address 38 Firglade Drive		Street Address 38 Firglade Drive			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Donald S. Smith		Treasurer Name Donald S. Smith			
Street Address 38 Firglade Drive		Street Address 38 Firglade Drive			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None		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 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	
		200		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 Donald S. Smith				Date September , 2017	
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED SEP 15 2017 BY 	

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