s s	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	reet	
HOPE	(401) 222-304		
Limited Liability Com Annual Report	ipany		
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2017		
1. ID No. <u>000314401</u>			
2. Exact Name of the Limited Liability Company <u>EQUITY PRIME MORTGAGE LLC</u>			
3. State of Formation			
State: <u>GA</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>525990</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode I	sland
MORTGAGE BANKER	R/BROKER BUSINESS		
5. Principal Office Addre	SS		
No. and Street: <u>5 CON</u> City or Town: <u>ATLAN</u>	COURSE PKWY., SUITE 2250	State: <u>GA</u> Zip: <u>30328</u> Countr	v. US V
-	mited Liability Company and Name		y. <u>05A</u>
Contact Name: Contact			
	COURSE PKWY., SUITE 2250		
City or Town: <u>ATLAN</u>	<u>TA</u>	State: GA Zip: 30328 Countr	'y: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, (Country
MANAGER	EDUARDO PEREZ JR.	5 CONCOURSE PKWY., SUITE ATLANTA, GA 30328 USA	2250

KUNJAN PATEL

5 CONCOURSE PKWY., SUITE 2250

MANAGER

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 2 Day of October, 2017 at 10:12:18 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>EDUARDO PEREZ</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2017 State of Rhode Island and Providence Plantations All Rights Reserved