

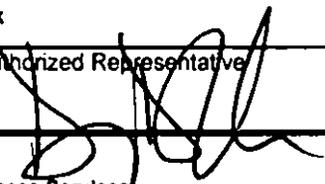


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2018
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 000148639		2. Exact name of the Corporation Eastern Specialty Finance, Inc.			
3. Principal Office Address 7755 Montgomery Road, Suite 400			City Cincinnati	State Ohio	Zip 45236
4. NAICS Code 522291		6. Brief description of the character of business conducted in Rhode Island Consumer Lending			
5. State of Incorporation Ohio					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Douglas Clark			Vice-President Name N/A		
Street Address 7755 Montgomery Road, Suite 400			Street Address		
City Cincinnati	State Ohio	Zip 45236	City	State	Zip
Secretary Name Andrea Andre			Treasurer Name Luke Williamson		
Street Address 7755 Montgomery Road, Suite 400			Street Address 7755 Montgomery Road, Suite 400		
City Cincinnati	State Ohio	Zip 45236	City Cincinnati	State Ohio	Zip 45236
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name A. David Davis			Director Name Douglas Clark		
Street Address 7755 Montgomery Road, Suite 400			Street Address 7755 Montgomery Road, Suite 400		
City Cincinnati	State Ohio	Zip 45236	City Cincinnati	State Ohio	Zip 45236
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
			1000		Common
			PAR VALUE		0
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 Douglas Clark					Date 12/19/2017
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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

FILED

JAN 25 2018

BY 1000089120