RI SOS Filing Number: 201857661130 Date: 2/2/2018 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

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→ Filing period: January 1 - March 1
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

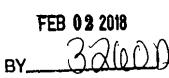
Entity ID Number	2. Exact name	2. Exact name of the Corporation					
001676496	Ascenda	Ascendant Title, Inc.					
3. Principal Office Address			City		State	Zip	
110 N Rubey Dr., Suite 100			Golden	l 	СО	80403	
4. NAICS Code	6. Brief descri	ption of the characte	er of business	conducted in Rho	de Island		
52 YZIV	┵┼	a lac	\	S S S S S S S S S S	Λ ~	~~~/	
5. State of Incorporation		e Ins	SUIT	11 ICE	! Au	HIC:V	
Colorado					<u>' 'J</u>		
7. List ALL officers (names and	l addresses)		T		neck the box to inc	dicate an attachment	
President Name David Miller			Vice-President Name				
Street Address 110 N Rubey Dr., Suite 100			Street Address				
Golden	State CO	^{Zip} 80403	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
8. List ALL directors (names ar	nd addresses)			Cr	I neck the box to inc	dicate an attachment	
Director Name David Miller			Director Nam	Director Name			
Street Address 110 N Rubey Dr., Suite 100			Street Address				
^{City} Golden	State CO	^{Zıp} 80403	City		State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
9. Shares Authorized 10. Sha			Issued Check the box to indicate an attachment				
This Information is currently of record in the		NUMBER OF	SHARES	CLASS/SERIES PAR VALUE			
Department of State.		10,000		Α		No Par	
Changes require an additional fi	ling.						
11. This report must be execut trustee, this report must be exe					corporation is in th	e hands of a receiver or	
Under penalty of perjury, I de	eclare and affirm ti	hat I have examine	ed this report,		ccompanying sci	hedules and	
statements, and that all state Name of Authorized Represen	J COTTECT.	Date					
David Miller	, , ,			1/30/2018			
Signature of Authorized Repre	sentative	Tulk ISH DOC	DUMENT HER	FILED	•		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 02/2017