



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 001676496		2. Exact name of the Corporation Ascendant Title, Inc.			
3. Principal Office Address 110 N Rubey Dr., Suite 100			City Golden	State CO	Zip 80403
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island Title Insurance Agency			
5. State of Incorporation Colorado					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Miller			Vice-President Name		
Street Address 110 N Rubey Dr., Suite 100			Street Address		
City Golden	State CO	Zip 80403	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Miller			Director Name		
Street Address 110 N Rubey Dr., Suite 100			Street Address		
City Golden	State CO	Zip 80403	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			10,000	A	No Par
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. 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.					
Name of Authorized Representative David Miller					Date 1/30/2018
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					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

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FORM 630 - Revised: 02/2017