



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 51282		2. Exact name of the Corporation OMEGA FINANCIAL CORP.			
3. Principal Office Address 100 Midway Road, Suite 19			City Cranston	State RI	Zip 02920
4. NAICS Code 522291		6. Brief description of the character of business conducted in Rhode Island Making first and second mortgage loans			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Louis A. Regnier			Vice-President Name Mark Marcus		
Street Address 3505 South Ocean Blvd.			Street Address 100 Midway Road, Suite 19		
City Highland Beach	State FL	Zip 33341	City Cranston	State RI	Zip 02920
Secretary Name Tamara Wilson			Treasurer Name Mark Marcus		
Street Address 100 Midway Road, Suite 19			Street Address 100 Midway Road, Suite 19		
City Cranston	State RI	Zip 33341	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 Louis A. Regnier			Director Name		
Street Address 3505 South Ocean Blvd.			Street Address		
City Highland Beach	State FL	Zip 02920	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		
			100	COMMON	NONE
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 Mark Marcus				Date 2/15/18	
Signature of Authorized Representative 					

FILED

FEB 20 2018

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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