



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.

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SECRETARY OF STATE
CORPORATIONS DIV
2019 FEB 27 AM 10:14

1. Entity ID Number 4223		2. Exact name of the Corporation CITY FINANCE, INC.			
3. Principal Office Address 916 Reservoir Avenue		City Cranston	State RI	Zip 02910	
4. NAICS Code 522291	6. Brief description of the character of business conducted in Rhode Island Small loans and any other lawful business.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Kathleen G. Di Muro		Vice-President Name Kathleen G. Di Muro			
Street Address 916 Reservoir Avenue		Street Address 916 Reservoir Avenue			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Kathleen G. Di Muro		Treasurer Name Kathleen G. Di Muro			
Street Address 916 Reservoir Avenue		Street Address 916 Reservoir Avenue			
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Kathleen G. Di Muro		Director Name			
Street Address 916 Reservoir Avenue		Street Address			
City Cranston	State RI	Zip 02910	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		100	Common	No Par Value	
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 Kathleen G. Di Muro, President				Date 2/2/18	
Signature of Authorized Representative 				FILED	
SIGN DOCUMENT HERE FEB 27 2018					