



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 97707		2. Name of Corporation Intervale Mortgage Corporation			
3. Street Address Principal Business Office 815 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. Business Phone No (943-1600)		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island TO MAKE, PURCHASE AND SELL REAL ESTATE MORTGAGE LOANS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Craig A. Baker			Vice President Name H. Jeffrey Baker		
Street Address 815 Reservoir Avenue			Street Address 815 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Norman Jay Bolotow			Treasurer Name Walter Brailard IV		
Street Address 95 Chestnut Street			Street Address 815 Reservoir Avenue		
City Providence	State RI	Zip 02903	City Cranston	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nathaniel B. Baker			XXXXXXXX Chairman Nathaniel B. Baker		
Street Address 815 Reservoir Avenue			Street Address 815 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Craig A. Baker			Director Name H. Jeffrey Baker		
Street Address 815 Reservoir Avenue			Street Address 815 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



97707

File Date	1/25/05
Check No.	1113
By:	DA
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer

Craig A. Baker

Print or Type Name of Officer
President

Title of Officer

1/14/05
Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 97707		2. Name of Corporation Intervale Mortgage Corporation			
3. Street Address Principal Business Office 815 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. Business Phone No. (401) 943-1600		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island TO MAKE, PURCHASE AND SELL REAL ESTATE MORTGAGE LOANS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Craig A. Baker			Vice President Name H. Jeffrey Baker		
Street Address 815 Reservoir Avenue			Street Address 815 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Norman Jay Bolotow			Treasurer Name Walter Brailard IV		
Street Address 99 Wayland Avenue			Street Address 815 Reservoir Avenue		
City Providence	State RI	Zip 02906	City Cranston	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nathaniel B. Baker			Chairman Nathaniel B. Baker		
Street Address 815 Reservoir Avenue			Street Address 815 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Craig A. Baker			Director Name H. Jeffrey Baker		
Street Address 815 Reservoir Avenue			Street Address 815 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 7 7 0 7 *

File Date 2-9-04

Check No. 1009

By: UP

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Craig A. Baker

Print or Type Name of Officer

President

Title of Officer

Date

2-3-04



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 97707 2. Name of Corporation Domestic Bank Student Loan Marketing Association Incorporated
3. Street Address Principal Business Office 815 Reservoir Avenue City Cranston State RI Zip 02910
4. Business Phone No. (401) 943-1600 5. State of Incorporation Rhode Island 6. SIC Code 7880

7. Brief Description of the Character of Business Conducted in Rhode Island

originate, service, sell and deal in student loans and allied services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name XXXXXXXXXXXX Chairman
Craig A. Baker
Street Address Nathaniel B. Baker
815 Reservoir Avenue
City Cranston State RI Zip 02910

Secretary Name Norman Jay Bolotow
Street Address Walter Brailard IV
99 Wayland Avenue
City Cranston State RI Zip 02910

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Nathaniel B. Baker
Street Address 815 Reservoir Avenue
City Cranston State RI Zip 02910

Director Name Craig A. Baker
Street Address 815 Reservoir Avenue
City Cranston State RI Zip 02910

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
4000	C	NP

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 2/25/03

Check No.: 066431

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

Craig A. Baker

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 97707		2. Name of Corporation Domestic Bank Student Loan Marketing Association Incorporated	
3. Street Address Principal Business Office 815 Reservoir Avenue		City Cranston	State RI Zip 02910
4. Business Phone No. (401) 943-1600		5. State of Incorporation RHODE ISLAND	
6. SIC Code 7880			
7. Brief Description of the Character of Business Conducted in Rhode Island originate, service, sell and deal in student loans and allied services			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Craig A. Baker		XXXXXXXXXX Chairman Nathaniel B. Baker	
Street Address 815 Reservoir Avenue		Street Address 815 Reservoir Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
Secretary Name Norman Jay Bolotow		Treasurer Name Walter Brailard IV	
Street Address 99 Wayland Avenue		Street Address 815 Reservoir Avenue	
City Providence	State RI	City Cranston	State RI
Zip 02906		Zip 02910	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Nathaniel B. Baker		Director Name Craig A. Baker	
Street Address 815 Reservoir Avenue		Street Address 815 Reservoir Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
4,000 NO PAR VALUE			
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
100	Common	No Par	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 7 7 0 7 *

File Date: 2/2/02

Check No.: 063003

By: T.B.

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

Craig A. Baker

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 97707		2. Name of Corporation Domestic Bank Student Loan Marketing Association Incorporated			
3. Street Address Principal Business Office 815 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. Business Phone No. (401) 943-1600		5. State of Incorporation RHODE ISLAND			6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island originate, servie, sell and deal in student loans and allied services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Craig A. Baker			Chairman Nathaniel B. Baker		
Street Address 815 Reservoir Avenue			Street Address 815 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Norman Jay Bolotow			Treasurer Name Walter Brailard IV.		
Street Address 99 Wayland Avenue			Street Address 815 Reservoir Avenue		
City Providence	State RI	Zip 02906	City Cranston	State RI	Zip 02910
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nathaniel B. Baker			Director Name Craig A. Baker		
Street Address 815 Reservoir Avenue			Street Address 815 Reservoir Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name H. Jeffrey Baker			Director Name		
Street Address 815 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 7 7 0 7 *

File Date: **FILED**

Check No.: **FEB 14 2001**

By: **By CC 060524**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **Craig A. Baker** Date **2/7/01**

Print or Type Name of Officer **Craig A. Baker**

Title of Officer **President**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 97707		2. Name of Corporation Domestic Bank Student Loan Marketing Association Incorporated			
3. Street Address Principal Business Office 815 Reservoir Avenue		City Cranston	State RI		
4. Business Phone No. (401) 943-1600		Zip 02910	6. SIC Code 7880		
5. State of Incorporation RHODE ISLAND					
7. Brief Description of the Character of Business Conducted in Rhode Island originate, service, sell and deal in studen loans and allied services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Craig A. Baker		XXXXXXXXXX Chairman Nathaniel B. Baker			
Street Address 815 Reservoir Avenue		Street Address 815 Reservoir Avenue			
City Cranston	State RI	City Cranston	State RI		
Zip 02910		Zip 02910			
Secretary Name Norman Jay Bolotow		Treasurer Name Walter Brailard IV			
Street Address 99 Wayland Avenue		Street Address 815 Reservoir Avenue			
City Providence	State RI	City Cranston	State RI		
Zip 02906		Zip 02910			
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nathaniel B. Baker		Director Name Craig A. Baker			
Street Address 815 Reservoir Avenue		Street Address 815 Reservoir Avenue			
City Cranston	State RI	City Cranston	State RI		
Zip 02910		Zip 02910			
Director Name H. Jeffrey Baker		Director Name 			
Street Address 815 Reservoir Avenue		Street Address 			
City Cranston	State RI	City 	State 		
Zip 02910		Zip 			
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 7 7 0 7 *

File Date: _____

Check No.: F 1 1 7 0 0 7

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 2/14/01

Craig A. Baker

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 97707		2. Name of Corporation Domestic Bank Student Loan Marketing Association Incorporated	
3. Street Address Principal Business Office 815 Reservoir Avenue		City Cranston	State RI
4. Business Phone No. (401) 943-1600		5. State of Incorporation RHODE ISLAND	6. SIC Code 7880
7. Brief Description of the Character of Business Conducted in Rhode Island originate, service, sell and deal in student loans and allied services			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Craig A. Baker		Chairman Nathaniel B. Baker	
Street Address 815 Reservoir Avenue		Street Address 815 Reservoir Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
Secretary Name Norman Jay Bolotow		Treasurer Name Walter Braillard IV	
Street Address 99 Wayland Avenue		Street Address 815 Reservoir Avenue	
City Providence	State RI	City Cranston	State RI
Zip 02906		Zip 02910	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Nathaniel B. Baker		Director Name Craig A. Baker	
Street Address 815 Reservoir Avenue		Street Address 815 Reservoir Avenue	
City Cranston	State RI	City Cranston	State RI
Zip 02910		Zip 02910	
Director Name H. Jeffrey Baker		Director Name	
Street Address 815 Reservoir Avenue		Street Address	
City Cranston	State RI	City	State
Zip 02910		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
4,000 NO PAR VALUE		100	Common
	Par Value		Par Value
			No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 7 7 0 7 *

File Date: **Feb 9, 99**

Check No.: **57124**

By: **ID**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: **[Signature]** Date: **2/2/99**

Craig A. Baker

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

97707

Domestic Bank Student Loan Marketing Association Incorporated

3. Street Address Principal Business Office

815 Reservoir Avenue

City

Cranston

State

RI

Zip

02910

4. Business Phone No.

(401) 943-1600

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7880

7. Brief Description of the Character of Business Conducted in Rhode Island

originate, service, sell and deal in student loans and allied services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Craig A. Baker

XXXXXXXXXX

Chairman

Nathaniel B. Baker

Street Address

815 Reservoir Avenue

Street Address

815 Reservoir Avenue

City

Cranston

State

RI

Zip

02910

City

Cranston

State

RI

Zip

02910

Secretary Name

Norman Jay Bolotow

Treasurer Name

Walter Brailard IV

Street Address

189 Canal Street

Street Address

815 Reservoir Avenue

City

Providence

State

RI

Zip

02903

City

Cranston

State

RI

Zip

02910

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Nathaniel B. Baker

Director Name

Craig A. Baker

Street Address

815 Reservoir Avenue

Street Address

815 Reservoir Avenue

City

Cranston

State

RI

Zip

02910

City

Cranston

State

RI

Zip

02910

Director Name

H. Jeffrey Baker

Director Name

Street Address

815 Reservoir Avenue

Street Address

City

Cranston

State

RI

Zip

02910

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

4,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 9 7 7 0 7 *

File Date:

2-6-98

Check No.:

5327

By:

WP

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Craig A. Baker

Date

1/20/98

Print or Type Name of Officer

President

Title of Officer