| s second  | State of Rhode Island and Pro<br>Office of the Secreta                                 |  | Fee: \$50.00      |
|---|--|--|-------------------|
|   | Division Of Business   | Services                                     |                   |
|   | 148 W. River St  |  |                   |
|   | Providence RI 0290<br>(401) 222-304  |  |                   |
| HOPE  | (401) 222-304  | 10   |                   |
| Limited Liability Com   | ipany  |  |                   |
| Annual Report<br>Filing Period: September 1   | - November 1   |  |                   |
|   |  |  |                   |
|   | . 7-16-66(d), each limited liability comp<br>in thirty (30) days after the time presc. |  |                   |
| 16-66(b&c)) is subject to a   |  |  |                   |
| ANNUAL REPORT YEAR  | <u>2017</u>  |  |                   |
| <b>1. ID No.</b> <u>00165927</u>  | <u>2</u>   |  |                   |
| 2. Exact Name of the Limited Liability Company CoreVest American Finance Lender LLC                       |  |  |                   |
| 3. State of Formation   |  |  |                   |
| State: <u>DE</u>  |  |  |                   |
|   | ARTICLE III  |  |                   |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download |  |  |                   |
| -   | re information on <u>NAICS</u> can be found  |  | ity. Download     |
|   |  |  |                   |
| <u>551112</u>   |  |  |                   |
| 4. Brief Description of th  | e Character of the Business Which  | is Actually Conducted in RI                  | node Island       |
| INVESTMENT HOLD   | ING COMPANY  |  |                   |
|   |  |  |                   |
| 5. Principal Office Addre   | :22  |  |                   |
|   | VENUE OF THE AMERICAS  |  |                   |
| City or Town: <u>46TH I</u>   | FLOOR  | State: NV Zin: 10102 C                       | Country: USA      |
|   |  | State: <u>NY</u> Zip: <u>10102</u> C         | ounuy. <u>OSA</u> |
| 6. Mailing Address of Li  | mited Liability Company and Name   | or Title of Contact Person:                  |                   |
| Contact Name: Contact   | Title:   |  |                   |
|   | VENUE OF THE AMERICAS  |  |                   |
| City or Town: <u>46TH F</u>   |  | State: <u>NY</u> Zip: <u>10102</u> C         | ountry: USA       |
| ·   | Each Manager of the Limited Liab   |  |                   |
|   |  |  |                   |
| Title   | Individual Name<br>First, Middle, Last, Suffix   | Address<br>Address, City or Town, State, Zip | Code Country      |
|   | i iisi, minune, Lasi, Sullix   | Audiess, Oily OF FOWIT, State, ZIP           |                   |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CORPORATION SERVICE COMPANY</u> <u>222 JEFFERSON BOULEVARD, SUITE 200</u> <u>WARWICK</u>, <u>RI</u> <u>02888</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 30 Day of May, 2018 at 4:41:00 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>KELLY LETTMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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