



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

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- 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 000140992		2. Exact name of the Corporation MLD Mortgage Inc.			
3. Principal Office Address 30 B Vreeland Road			City FLorham Park	State NJ	Zip 07932
4. NAICS Code 522310	6. Brief description of the character of business conducted in Rhode Island Mortgage Lending				
5. State of Incorporation New Jersey					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Lawrence Dear			Vice-President Name David Zilberman		
Street Address 30 B Vreeland Road			Street Address 30 B Vreeland Road		
City Florham Park	State NJ	Zip 07932	City Florham Park	State NJ	Zip 07932
Secretary Name David Zilberman			Treasurer Name David Zilberman		
Street Address 30 B Vreeland Road			Street Address 30 B Vreeland Road		
City Florham Park	State NJ	Zip 07932	City Florham Park	State NJ	Zip 07932
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Lawrence Dear			Director Name N/A		
Street Address 30 B Vreeland Road			Street Address		
City Florham	State NJ	Zip 07054	City	State	Zip
Director Name David Zilberman			Director Name N/A		
Street Address 30 B Vreeland Road			Street Address		
City Florham Park	State NJ	Zip 07932	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 ☐		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	CNP	\$30.00
			N/A	N/A	N/A
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 Lawrence Dear					Date 8/09/2018
Signature of Authorized Representative					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

SIGN DOCUMENT FILED

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