



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 IN BLACK)

|                                                                                                                                                |                 |                                                              |                                        |              |              |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------|----------------------------------------|--------------|--------------|
| 1. Corporate ID No.<br>139701                                                                                                                  |                 | 2. Name of Corporation<br>Homegate Settlement Services, Inc. |                                        |              |              |
| 3. Street Address Principal Business Office<br>538 Broadhollow Road                                                                            |                 |                                                              | City<br>Melville                       | State<br>NY  | Zip<br>11747 |
| 4. Business Phone No.                                                                                                                          |                 | 5. State of Incorporation<br>New York                        |                                        | 6. SIC Code  |              |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>Real Estate Appraisals, Flood Determination/Certification, etc. |                 |                                                              |                                        |              |              |
| 8. NAMES AND ADDRESSES OF THE OFFICERS. ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS              |                 |                                                              |                                        |              |              |
| President Name<br>Lance Thoet                                                                                                                  |                 |                                                              | Vice President Name<br>Michael Strauss |              |              |
| Street Address<br>538 Broadhollow Road                                                                                                         |                 |                                                              | Street Address<br>538 Broadhollow Road |              |              |
| City<br>Melville                                                                                                                               | State<br>NY     | Zip<br>11747                                                 | City<br>Melville                       | State<br>NY  | Zip<br>11747 |
| Secretary Name<br>Alan Horn                                                                                                                    |                 |                                                              | Treasurer Name<br>Craig Pino           |              |              |
| Street Address<br>538 Broadhollow Road                                                                                                         |                 |                                                              | Street Address<br>538 Broadhollow Road |              |              |
| City<br>Melville                                                                                                                               | State<br>NY     | Zip<br>11747                                                 | City<br>Melville                       | State<br>NY  | Zip<br>11747 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS              |                 |                                                              |                                        |              |              |
| Director Name<br>Michael Strauss                                                                                                               |                 |                                                              | Director Name                          |              |              |
| Street Address<br>538 Broadhollow Road                                                                                                         |                 |                                                              | Street Address                         |              |              |
| City<br>Melville                                                                                                                               | State<br>NY     | Zip<br>11747                                                 | City                                   | State        | Zip          |
| Director Name                                                                                                                                  |                 |                                                              | Director Name                          |              |              |
| Street Address                                                                                                                                 |                 |                                                              | Street Address                         |              |              |
| City                                                                                                                                           | State           | Zip                                                          | 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    |
| 200                                                                                                                                            | Common No Value |                                                              | 200                                    | common       | no par value |

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



1 3 9 7 0 1

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: 8/17/05  
Alan Horn  
Print or Type Name of Officer  
Secretary/Executive Vice President  
Title of Officer

File Date: 8/19/05  
Check No.: 70750  
By: DA  
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