



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

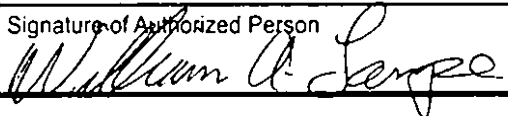
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SECRETARY OF STATE
CORPORATIONS DIV

2018 SEP -5 PM 3:03

Annual Report for the year: 2018

Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 106021		2. Exact name of the Limited Liability Company MCN MORTGAGE COMPANY, LLC			
3. NAICS Code 522310		4. Brief description of the character of business conducted in Rhode Island COMMERCIAL FUNDING OF BUILDING			
5. State of Formation CT					
6. Principal Office Address 30 OAK STREET		City WESTERLY		State RI	Zip 02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name WILLIAM A. LAMPE			Contact Title MANAGER		
Street Address 30 OAK STREET			City WESTERLY		State RI Zip 02891
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name WILLIAM A. LAMPE			Manager Name		
Street Address 11 WEST STREET			Street Address		
City ASHAWAY	State RI	Zip 02804	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person WILLIAM A. LAMPE				Date 8/30/2018	
Signature of Authorized Person 					

MAIL TO:

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

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