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

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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	2. Exact name of the Limited Liability Company		
106021	MCN MORTGAGE COMPANY, LLC		
3. NAICS Code 522310	4. Brief description of the character of business conducted in Rhode Island COMMERCIAL FUNDING OF BUILDS		
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 William A. Lampe			

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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FORM 632 - Revised: 10/2017