S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00					
Division Of Business Services 148 W. River Street								
HOPE	Providence RI 0290 (401) 222-304							
Limited Liability Com Annual Report	pany							
Filing Period: September 1	- November 1							
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.							
ANNUAL REPORT YEAR: 2018								
1. ID No. <u>000970843</u>								
2. Exact Name of the Limited Liability Company <u>MJM TITLE, LLC</u>								
3. State of Formation								
State: <u>DE</u>								
	ARTICLE III							
5	Code that best describes the primary e information on <u>NAICS</u> can be found		Download					
<u>531390</u>								
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode	Island					
TO PROVIDE TITLE S	ERVICES.							
5. Principal Office Addre	SS							
	S. BELT LINE ROAD							
City or Town: <u>COP</u>	<u>E 105</u> <u>PEL</u> Sta	te: <u>TX</u> Zip: <u>75019</u> Country	: <u>USA</u>					
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:								
Contact Name: Contact								
No. and Street: <u>1199</u> SUITE	<u>S. BELT LINE ROAD</u> <u>E 105</u>							
City or Town: COPF	<u> YELL</u> Stat	e: <u>TX</u> Zip: <u>75019</u> Country	': <u>USA</u>					
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS								
Title	Individual Name	Address						
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code	, Country					

JODEE MCGRATH

1199 S. BELT LINE RD., STE. 105

MANAGER

M			$\sim$	-	n
IVI.	AI	NA	G		R

MATT MARTIN

COPPELL, TX 75019 USA

1199 S. BELT LINE ROAD, SUITE 105 COPPELL, TX 75019 USA

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

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE, RI 02914

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

**Signed this 10 Day of September, 2018 at 1:52:20 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 MATT MARTIN

Signature of Authorized Person

Form No. 632 Revised 09/07

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