



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. 120214		2. Name of Corporation The Mortgage Corner, Inc.			
3. Street Address Principal Business Office 33 COLLEGE HILL ROAD, BUILDING 29B		City WARWICK	State RI	Zip 02886-	
4. Business Phone No. 401-823-4141		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO OFFER, PROVIDE, SELL AND OTHERWISE DEAL IN MORTGAGE ORIGINATION SERVICES TO THE PUBLIC.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jeffrey A Desrosiers		Vice President Name			
Street Address 33 College Hill Road, Bldg 29b		Street Address			
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Jeffrey A Desrosiers		Treasurer Name Jeffrey A Desrosiers			
Street Address 33 College Hill Road, Bldg 29b		Street Address 33 College Hill Road, Bldg 29b			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None		Director Name			
Street Address		Street Address			
City	State	Zip	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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		100	Common	\$1.00 Par

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



1 2 0 2 1 4

120214 D 01/04/05 03:17:39 PM

File Date 2/4/05

Check No. 211

By: W.

FOR SECRETARY OF STATE USE ONLY

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

Jeffrey A Desrosiers

Print or Type Name of Officer

President

Title of Officer

Date



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AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
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401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

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3. Street Address Principal Business Office 33 COLLEGE HILL ROAD, BUILDING 29B			City WARWICK	State RI	Zip 02886-
4. Business Phone No. 4018234141		5. State of Incorporation RHODE ISLAND			6. SIC Code
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President Name Jeffrey A Desrosiers			Vice President Name		
Street Address 33 College Hill Road, Bldg 29b			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Jeffrey A Desrosiers			Treasurer Name Jeffrey A Desrosiers		
Street Address 33 College Hill Road, Bldg 29b			Street Address 33 College Hill Road, Bldg 29b		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
8,000		\$1.00	PAR VALUE		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
100		Common	\$1.00	Par	

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



1 2 0 2 1 4

120214 DBC 01/19/04 05:17:39 PM

File Date 2-2-04

Check No. 1908

By: ICP

FOR SECRETARY OF STATE USE ONLY

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
Jeffrey A Desrosiers
Print or Type Name of Officer
President
Title of Officer

Date 2/30/04



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

120214

The Mortgage Corner, Inc.

3. Street Address Principal Business Office

City

State

Zip

33 College Hill Road, Bldg 29b

Warwick

RI

02886

4. Business Phone No.

5. State of Incorporation

823-4141

RHODE ISLAND

6882

7. Brief Description of the Character of Business Conducted in Rhode Island

Mortgage origination services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Jeffrey A. Desrosiers

Street Address

Street Address

City 33 College Hill Road, Bldg 29b Zip

City State Zip

Warwick

RI

02886

Treasurer Name

Secretary Name

Jeffrey A. Desrosiers

Jeffrey A. Desrosiers

Street Address

Street Address

City 33 College Hill Road, Bldg 29b Zip

City 33 College Hill Road, Bldg 29b Zip

Warwick

RI

02886

Warwick

RI

02886

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

None

Street Address

Street Address

City State Zip

City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$1.00 Par Value

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



* 1 2 0 2 1 4 *

File Date: 2-25-03

Check No.: 1518

By: Kmc

FOR SECRETARY OF STATE USE ONLY

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

Date

JEFFREY A. DESROSIERIS

Print or Type Name of Officer

Title of Officer

5

Form 630 12/02



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

120214

2. Name of Corporation

The Mortgage Corner, Inc.

3. Street Address Principal Business Office

33 College Hill Road, Bldg 29b

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

823-4141

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6882

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Mortgage origination services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Jeffrey A. Desrosiers

Vice President Name

Street Address

Street Address

City 33 College Hill Road, Bldg 29b

State Zip

Warwick

RI

02886

City

State

Zip

Secretary Name

Jeffrey A. Desrosiers

Treasurer Name

Jeffrey A. Desrosiers

Street Address

Street Address

City 33 College Hill Road, Bldg 29b

State Zip

Warwick

RI

02886

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

None

Director Name

Street Address

Street Address

City State Zip

City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

\$1.00 Par Value

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



* 1 2 0 2 1 4 *

FILED

File Date: 2002 APR 03 2002

Check No.: By 1062

By: FOR SECRETARY OF STATE USE ONLY

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 Jeffrey A. Desrosiers Date 3/31/02

Print or Type Name of Officer President

Title of Officer