

Mutthew 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					
1. Corporate ID No.	2. Name of Corpor	ation			-·· <u>-</u> ··
120214	The Mortgag	e Corner, Inc.			
3. Street Address Principal Bus	iness Office		City	State	Zip
33 COLLEGE HILL	ROAD, BUILDIN	G 29B	WARWICK	RI	02886-
4. Business Phone No.		5. State of Incorpora	tion	·	6 SIC Code
401-823-4141	(8.77.6	RHODE ISLAI	ND		
	SELL AND OTHER	RWISE DEAL IN MOI	RTGAGE ORIGINATION S		
8. NAMES AND ADDRE President Name	SSES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) FILL IN S	SPACES BEFORE USING AT	ITACHMENTS
Jeffrey A Desros:	iers				
Street Address			Street Address		
33 College Hill	Road, Bldg 291	b	•		
<i>Ĉių</i> Warwick	State RI	<i>Zip</i> 02886	City	State	Zip
Secretary Núme		• • • • • • • • • • • • • • • • • • • •	Treasurer Nume		· • • • • • • • • • • • • • • • • • • •
Jeffrey A Desrosi	iers		Jeffrey A Desi	cosiers	
Street Address			* Sireei Address		
33 College Hill I	Road, Bldg 291	D		l Road, Bldg 29b	
City	State	Zip	City	State	Zip
Warwick	RI	02886	. Warwick	RI	02886
	SSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) 🗆 FILL II	SPACES BEFORE USING	ATTACHMENTS IT
Director Name			, Director Name		一
None					B 2000
Sireei Address			Street Address		+ 33
City	State	Zip	· City	State	7 <u>2</u> 000
Director Name			Director Name		· · · · · · · · · · · · · · · · · · ·
Sircei Address	·		Street Address		<u>ਯ</u> :
City	State	Zip	.Cin	State	Zip
10. SHARES AUTHORIZ	ZED ("X" BOX FOR	ATTACHMENT) 🔲		"X" BOX FOR ATTACHMEN	/カロー
AUTHORIZED SHARES		B 11.1	ISSUED SHARES		
Number of Shares	Cluss/Scries	Par Value	Number of Shares	Cluss/Series	Par Value
8,000 \$1.00 PAR VAL	JE		100	Common	\$1.00 Par
This report must be sier	ed in ink by eithe	r the President. Vice	President, Secretary, Ass	sistant Secretary Treas	urer. Receiver or Trustee
,	<i>y</i> •·····•		is and week as a series	230, 210, 3, 1, 000	/, Or ITHATEE
<u> </u>					
	IWA MARK KARK ATA				
1 2 0	2 1 4			perjury, I declare and affirm	
				ng any accompanying schedents contained herein are true	
120214 DDG 21 <u>4</u> 04/0	05 03:17:39 PM		and mar all statem	ema comunico nerem me tr	L und conget.
File Date 2 14 Q		-	fighenire of opicer	M	1/19/05
Check No.		-		Desrosiers	Zuit
. 1 ∕ .			Print or Type Name		
B <u>w</u> VJ i		-	President		
FOR SECRETARY OF STAT	E USE ONLY		Title of Officer	<u>.</u>	Form 630 12/0



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

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

(FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 120214 The Mortgage Corner, Inc. 3. Street Address Principal Business Office State 33 COLLEGE HILL ROAD, BUILDING 29B WARWICK RΙ 02886-4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 4018234141 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) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Jeffrey A Desrosiers Street Address Sireei Address 33 College Hill Road, Bldg 29b City State Zip City Zip Warwick RI 02886 Treasurer Name Secretary Name Jeffrey A Desrosiers Jeffrey A Desrosiers Street Address * Street Address 33 College Hill Road, Bldg 29b .33 College Hill Road, Bldg 29b Cin State City Zip State 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 None ·Sireei Address Street Address City State Zip ·City State Zip Director Name Director Name Street Address ·Street Address City State Zip Zio State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED 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 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. *120214 DBC 01/19/04 05;47:39 PM* File Date Check No. Jeffrey A Desrosiers Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY

Title of Officer

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 <u>2003</u>

iling f	Period:	January	1-March	<i>1</i> •	•	Filing	Fec:	\$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

5. State of Incorporation

RI

_{6. s}028**8**6

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

Warwick

Jeffrey A. Desrosiers

Street Address

Street Address

_{city} 33 College Hill Road_uBldg 29b

ZI

City

State

Zip

Secretary Warwick

Ri

02886

Treasurer Name

Jeffrey A. Desrosiers

...

Jeffrey A. Desrosiers

City 33 College Hill Road a Bldg 29b

Zip

cu33 College Hill Road, Bldg 29b

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*x-BOX FOR ATTACHMENT) THEL IN SPACES BEFORE USING ATTACHMENTS

.....

Director Name

street Address

e....

Street Address

Street Address

State

Z.Ip

Director Name

Director Name

City

Street Address

City

City

State

Zip

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

AUTHORIZZED SHAKES

Number of Shares

Class/Series

Par Value

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

Number of Shares

Class/Series

Par Value

8,000 \$1.00 PAR VALUE

100

ISSUED SHARES

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



File Date: 2-25-03

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 you already herein are true and correct.

Signalule of Officer Date Date

Print of Type Name of Officer

Title of Officer

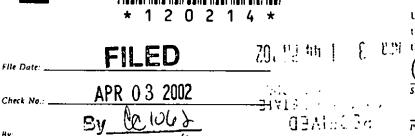
Form 630 12/02

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

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

riting Perioa: Janu	ary 1-March 1 •	Filing Fee: \$50.00			INSTR
(FORM MUST BE TYPED IN	BLACK)				
1 Corporate ID No. 120214	2. Name of Corporat The Mortgag	^{ion} 1 e Corner, Inc .			
3. Street Address Principal Bus		•	City	State	Zip
33 College Hil 4. Business Phone No. 823-4141	l Road, Bldg 29b	5. State of Incorporation RHODE ISLAN	Warwick D	RI	02886 6. SIC Code 6882
7. Brief Description of the Chai		Rhode Island			
	nation services.				
8. NAMES AND ADDI President Name Jeffrey A. Des		CERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPA Vice President Name	CES BEFORE USING A	TTACHMENTS
Street Address			Street Address		
33 College Hil	l Road, Bldg 29b	Zip	Clly	State	Zip
Warwick Secretary Name	RI	02886	Treasurer Name		
Jeffrey A. Des Street Address	rosiers		Jeffrey A. De Stieel Address	esrosiers	
_{city} - 33 College Hil	l Road, Bldg 29b	Zip	33 College H	ill Road, Bldg 29b	Zip
Warwick 9. NAMES AND ADDI Director Name	RI RESSES OF THE DIRE	02886 CTORS ("X" BOX FOR AT	Warwick FACHMENT) FILL IN S Director Name	RI paces before using	02886 attachments
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 AUTHORI	ZED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUI	ED ("x" box for attach	IMENT)
Number of Shares 8,000 \$1.00 PAR VAL	Class/Series	Par Value	Number of Shares	Glass/Series	Par Value
0,000 \$1.00 FAR VAL	UE .		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



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

On Column	છ	31	20
Six fature of Officer	Date	1	
JEFFROJ A DESPOSIERS			
Print or Type Name of Officer			

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