S S	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290 (401) 222, 20	treet 04-2615	
HOPE	(401) 222-304	10	
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2018</u>		
1. ID No. <u>001678212</u>			
2. Exact Name of the Limited Liability Company Reliant Loan Servicing, LLC			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>522294</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
COLLECTION ON DELINQUENT MORTGAGE LOANS			
5. Principal Office Addre	SS		
	ERWYN PARK, SUITE 210		
City or Town: <u>BERW</u>	<u>ASSATT ROAD</u> ' <u>YN</u>	State: <u>PA</u> Zip: <u>19312</u> Co	untry: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Person:	
Contact Name: RACHEL GORDON Contact Title: LICENSING ADMIN No. and Street: 200 BERWYN PARK, SUITE 210 920 CASSATT ROAD			
City or Town: <u>BERW</u>		State: <u>PA</u> Zip: <u>19312</u> Co	untry: <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 C	Code, Country
MANAGER	RELLANT HOLDINGS GROUP LLC	200 BERWYN PARK SI	IITE 210

200 BERWYN PARK, SUITE 210

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

REGISTERED AGENT SOLUTIONS, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 23 Day of October, 2018 at 9:56:56 AM 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 JOHN SWEENEY

Signature of Authorized Person

Form No. 632 Revised 09/07

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