



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 164813		2. Exact name of the Corporation BENEFICIAL FINANCIAL I INC.			
3. Principal Office Address 1421 W SHURE DR. STE 100		City ARLINGTON HEIGHTS		State IL	Zip 60004
4. NAICS Code 52230 52 - FINANCE AND INSURANCE		6. Brief description of the character of business conducted in Rhode Island MORTGAGE LENDER			
5. State of Incorporation CALIFORNIA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name KATHRYN MADISON			Vice-President Name JOHN GRIFFIN		
Street Address 1421 W SHURE DR. STE 100			Street Address 1421 W SHURE DR. STE 100		
City ARLINGTON HEIGHTS	State IL	Zip 60004	City ARLINGTON HEIGHTS	State IL	Zip 60004
Secretary Name LYNNE ZAREMBA			Treasurer Name JOHN GRIFFIN		
Street Address 1421 W SHURE DR. STE 100			Street Address 1421 W SHURE DR. STE 100		
City ARLINGTON HEIGHTS	State IL	Zip 60004	City ARLINGTON HEIGHTS	State IL	Zip 60004
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name KATHRYN MADISON			Director Name		
Street Address 1421 W SHURE DR. STE 100			Street Address		
City ARLINGTON HEIGHTS	State IL	Zip 60004	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			5	COMMON	\$1.00
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.					
Name of Authorized Representative JAMES STIEGEL ASSISTANT TREASURER					Date 2/7/2019
Signature of Authorized Representative <i>James Stiegel</i>					

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 12 2019
BY 9005510974 DS
FORM 630 - Revised: 10/2017

BENEFICIAL FINANCIAL I INC.

Directors & Officers

Director	Kathryn Madison	1421 W Shure Dr Ste 100, Arlington Heights, IL 60004
President	Kathryn Madison	1421 W Shure Dr Ste 100, Arlington Heights, IL 60004
Vice Pres and Chief Financial Officer	John P. Griffin	1421 W Shure Dr Ste 100, Arlington Heights, IL 60004
Vice Pres and Secretary	Lynne Zaremba	1421 W Shure Dr Ste 100, Arlington Heights, IL 60004
Assistant VP	Marilou Sullivan	1421 W Shure Dr Ste 100, Arlington Heights, IL 60004
Assistant Secretary	Adele Burrous	452 Fifth Ave, New York, NY 10018
Assistant Vice President	Joseph J. Kelly	1421 W Shure Dr Ste 100, Arlington Heights, IL 60004
Assistant Vice President	Isabel Pierri-Isabelle	1421 W Shure Dr Ste 100, Arlington Heights, IL 60004
Assistant Vice President	Christina A. Kozaritz	1421 W Shure Dr Ste 100, Arlington Heights, IL 60004
Assistant Treasurer	James S. Stiegel	1421 W Shure Dr Ste 100, Arlington Heights, IL 60004
Assistant Treasurer	Steven E. Smith	1421 W Shure Dr Ste 100, Arlington Heights, IL 60004

FILED

FEB 12 2019

BY

900556974
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RESTRICTED