



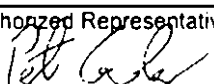
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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

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CORPORATIONS DIV

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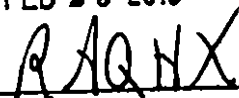
- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 001688966		2. Exact name of the Corporation RABBIT FINANCIAL HOLDINGS, INC.			
3. Principal Office Address 79 Wapping Road		City Portsmouth		State RI	Zip 02871
4. NAICS Code 522292	6. Brief description of the character of business conducted in Rhode Island Mortgage and related activities				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name Peter W. Gonzalez			Vice-President Name		
Street Address 79 Wapping Road			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name Nicholas R. Liuzza, Jr.			Treasurer Name Peter W. Gonzalez		
Street Address 79 Wapping Road			Street Address 79 Wapping Road		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
Director Name Peter W. Gonzalez			Director Name		
Street Address 79 Wapping Road			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Director Name Nicholas R. Liuzza, Jr.			Director Name		
Street Address 79 Wapping Road			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
9. Shares Authorized					
10. Shares Issued <input type="checkbox"/> Check the box to indicate an attachment					
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 PETER GONZALEZ					Date 2/21/2019
Signature of Authorized Representative 					
SIGN DOCUMENT HERE FILED					

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

FEB 25 2019

BY



FORM 630 - Revised: 10/2017