



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 FEB 25 PM 1:02

1. Entity ID Number <b>001688967</b>		2. Exact name of the Corporation <b>RABBIT MORTGAGE HOLDINGS, INC.</b>			
3. Principal Office Address <b>79 Wapping Road</b>			City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
4. NAICS Code <b>522292</b>	6. Brief description of the character of business conducted in Rhode Island <b>Mortgage and related activities</b>				
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name <b>Peter W. Gonzalez</b>			Vice-President Name		
Street Address <b>79 Wapping Road</b>			Street Address		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City	State	Zip
Secretary Name <b>Nicholas R. Liuzza, Jr.</b>			Treasurer Name <b>Peter W. Gonzalez</b>		
Street Address <b>79 Wapping Road</b>			Street Address <b>79 Wapping Road</b>		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>
8. List ALL directors (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
Director Name <b>Peter W. Gonzalez</b>			Director Name		
Street Address <b>79 Wapping Road</b>			Street Address		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City	State	Zip
Director Name <b>Nicholas R. Liuzza, Jr.</b>			Director Name		
Street Address <b>79 Wapping Road</b>			Street Address		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	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			
		<b>100</b>		<b>COMMON</b>	
		<b>\$0.01</b>			
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 <b>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.</b>					
Name of Authorized Representative <b>PETER GONZALEZ</b>				Date <b>2/21/2019</b>	
Signature of Authorized Representative 				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