



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State
 Matthew A. Brown, Secretary of State

Corporations Division
 100 North Main Street
 Providence, RI 02903-1335
 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 106021		2. Exact name of the limited liability company MCN Mortgage Company, LLC		
3. State of Formation CONNECTICUT		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL FUNDING OF BUILDERS SPEC HOUSES		
5. Principal office address 30 OAK STREET		City WESTERLY	State RI	Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name WILLIAM A. LAMPE		Contact Title MANAGER		
Street Address 30 OAK STREET		City WESTERLY	State RI	Zip 02891
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52				
Manager Name WILLIAM A. LAMPE		Manager Name		
Street Address 30 OAK STREET		Street Address		
City WESTERLY	State RI	Zip 02891	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name WILLIAM A. LAMPE		Address		
Address 30 OAK STREET		City WESTERLY	Zip 02891	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	10/25/05	*106021*
Check No.	3657	
By:		
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.

10-24-05
 Signature of Authorized Person Date
WILLIAM A. LAMPE
 Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 106021		2. Exact name of the limited liability company MCN Mortgage Company, LLC	
3. State of Formation CONNECTICUT		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL FUNDING OF BUILDERS SPEC HOUSES	
5. Principal office address 30 OAK STREET, WESTERLY, RI 02891		City WESTERLY	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name WILLIAM LAMPE		Contact Title MANAGER	
Street Address 30 OAK STREET		City WESTERLY	State RI
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name WILLIAM A. LAMPE		Manager Name	
Street Address 30 OAK STREET		Street Address	
City WESTERLY	State RI	Zip 02891	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name WILLIAM A. LAMPE		Address	
Address 30 OAK STREET		City WESTERLY	Zip 02891

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 0 6 0 2 1 *

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.

File Date 10/26/04
Check No. 2940
By: W
FOR SECRETARY OF STATE USE ONLY

William A. Lampe 10-25-04
Signature of Authorized Person Date
WILLIAM A. LAMPE
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1535
401 222 3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 ID No 106021		2 Exact name of the limited liability company MCN Mortgage Company, LLC	
3 State of Formation CONNECTICUT		4 Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL FUNDING OF BUILDERS SPEC HOUSES	
5 Principal office address 30 OAK STREET		City WESTERLY	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name WILLIAM A. LAMPE		Contact Title MANAGER	
Street Address 30 OAK STREET		City WESTERLY	State RI
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE			
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name WILLIAM A. LAMPE		Manager Name	
Street Address 30 OAK STREET		Street Address	
City WESTERLY	State RI	Zip 02891	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name WILLIAM A. LAMPE		Address	
Address 30 OAK STREET		City WESTERLY	Zip 02891

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 0 6 0 2 1 *

File Date 9-4-03
Check No 2565
By [Signature]
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.

William A. Lampe 9-3-03
Signature of Authorized Person Date

WILLIAM A. LAMPE
Print or Type Name of Authorized Person

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 106021		2. Exact name of the limited liability company MCN Mortgage Company, LLC	
3. State of Formation CONNECTICUT		4. Brief description of the character of the business which is actually conducted in Rhode Island COMMERCIAL FUNDING OF BUILDERS SPEC HOUSES	
5. Principal office address 30 OAK STREET		City WESTERLY	State RI
			Zip 02891
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name WILLIAM A. LAMPE		Contact Title MANAGER	
Street Address 30 OAK STREET		City WESTERLY	State RI
			Zip 02891
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name WILLIAM A. LAMPE		Manager Name	
Street Address 30 OAK STREET		Street Address	
City WESTERLY	State RI	City	State
Zip 02891		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name WILLIAM A. LAMPE		Address	
Address 30 OAK STREET		City WESTERLY	Zip 02891

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 0 6 0 2 1 *

File Date 10.22.02
Check No. 2305
By: [Signature]
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.

[Signature] 10-21-02
Signature of Authorized Person Date

WILLIAM A. LAMPE
Print or type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number FLLC 106021

Annual Report for the year 2001

1. The name of the limited liability company is:

MCN Mortgage Company, LLC

2. The address of the principal office of the limited liability company is:

30 OAK STREET, WESTERLY, RI 02891

3. The state or other jurisdiction under the laws of which it is formed is CONNECTICUT

4. The name and address of its resident agent is: WILLIAM A. LAMPE

30 OAK STREET WESTERLY RI 02891

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: C/O WILLIAM A. LAMPE

30 OAK ST, WESTERLY RI 02891

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: COMMERCIAL FINANCING FOR CONSTRUCTION + BUILDING

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

WILLIAM A. LAMPE

30 OAK ST. WESTERLY, R-I 02891

Dated

10-23-01

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.



1 0 6 0 2 1

MCN MORTGAGE COMPANY, LLC

Exact Name of Limited Liability Company

By

William A. Lampe

MANAGER

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

10-24-01

Check No.:

1938

By:

2

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number FLLC 106021

Annual Report for the year 2000

1. The name of the limited liability company is:

MCN Mortgage Company, LLC

2. The address of the principal office of the limited liability company is:

30 OAK STREET, WESTERLY, RI 02891

3. The state or other jurisdiction under the laws of which it is formed is CONNECTICUT

4. The name and address of its resident agent is: WILLIAM A. LAMPE

30 OAK STREET WESTERLY RI 02891

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 30 OAK STREET, WESTERLY, RI 02891

WILLIAM A. LAMPE, MANAGER

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: COMMERCIAL FUNDING OF BUILDERS SPEC HOUSES.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

WILLIAM A. LAMPE

30 OAK STREET, WESTERLY, RI 02891

Dated 10-25-00



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.

MCN MORTGAGE COMPANY, LLC
Exact Name of Limited Liability Company

By William A. Lampe

MANAGER

Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10/27</u>
Check No.:	<u>1597</u>
By:	<u>RL</u>