



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 APR -9 AM 10:19

1. Entity ID Number 593263		2. Exact name of the Corporation FREEDOM DIRECT CORPORATION	
3. Principal Office Address 5170 SOUTH HIGHLAND DRIVE		City SALT LAKE CITY	State UT
		Zip 84117	
4. NAICS Code 522291	6. Brief description of the character of business conducted in Rhode Island NO LONGER DOING BUSINESS IN RHODE ISLAND. WE SOLD OUR MORTGAGE LENDING OPERATIONS		
5. State of Incorporation UT			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name KEVIN P. GATES		Vice-President Name	
Street Address 9565 S. WASATCH DRIVE		Street Address	
City SANDY	State UT	Zip 84092	
Secretary Name MARIA STUCKI		Treasurer Name TERRY R TURVILLE	
Street Address 9565 S. WASATCH DR		Street Address 9565 S. WASATCH BLVD	
City SANDY	State UT	Zip 84092	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name KEVIN P. GATES		Director Name	
Street Address 9565 S. WASATCH BLVD		Street Address	
City SANDY	State UT	Zip 84092	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 10,000,000 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued 8,000,000	
Changes require an additional filing.		NUMBER OF SHARES 8,000,000	CLASSIFIED COMMON
		PAR VALUE 0	
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 TERRY R TURVILLE			Date 4/8/19
Signature of Authorized Representative 			

FILED

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2515
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 09 2019
BY **32565**
H.A.

FORM 630 - Revised: 02/2017