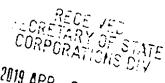


State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:



2019 APR -9 AM 10: 19

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 2. Exact name of the Corporation 593263 2. Exact name of the Corporation 1. FREEDOM DIRECT CARPORATION							
			İ	LAKE CITY		^{Zip} 84117	
4. NAICS Code Of Brief description of the character of business conducted in Rhode Island No LONGER BOING BUSINESS IN RHODE ISLAND. WE							
State of Incorporation SOLD OVE MORIGAGE LENDING OPERATIONS							
7. List ALL officers (names and addresses)			Check the box to indicate an attachment				
President Name 14EVIN P. GATES			Vice-President Name				
Street Address 9565 S. WASHTCH DRIVE			Street Address				
l / - '	State 41	7108409Z	City 		State	Zıp	
Secretary Name MARIA STUCKI			Treasurer Harne REPRY P TWEVILLE				
1Street Artiface 9565 5 WASATCH DR			9565 S. WASATCH BLUD				
CITY GANDY	State <i>LIT</i>	^{Zip} 8409Z	City SAW	<i>8</i> 4	State	2084092	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name KEVIN P. GATES			Director Name				
Street Address 9565 S. WASATCH BLVD			Street Address				
City SANDY	State UT	Zip 84092	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 recor	0,000,000 d in the	10. Shares Issue นวพยยกอกระ	0. Shares Issued 8,000,006 Check the box to indicate an attachment University shares cussessing PAR VALUE				
Department of State.		4,000,000 COMMON		9			
Changes require an additional filing.							
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 TUAVILLE 4/8/19						19	
Signature of Authorized Representative CALDOC. FILED							

MAIL TO:

MAIL TO: U Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 09 2019