



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

| | | | | | |
|---|--------------|---|--|--------------|---------------------|
| 1. Corporate ID No. 42427 | | 2. Name of Corporation GENERAL COMMERCIAL MORTGAGE COMPANY | | | |
| 3. Street Address Principal Business Office 140 RESERVOIR AVE. | | | City PROVIDENCE | State RI | Zip 02907 |
| 4. Business Phone No. 4014610090 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 6148 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL MORTGAGE | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Donald Smith | | | Vice President Name | | |
| Street Address 140 Reservoir Avenue | | | Street Address | | |
| City Providence | State RI | Zip 02907 | City | State | Zip |
| Secretary Name Donald Smith | | | Treasurer Name Donald Smith | | |
| Street Address 140 Reservoir Avenue | | | Street Address 140 Reservoir Avenue | | |
| City Providence | State RI | Zip 02907 | City Providence | State RI | Zip 02907 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Donald Smith | | | Director Name | | |
| Street Address 140 Reservoir Avenue | | | Street Address | | |
| City Providence | State RI | Zip 02907 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 200 | NO PAR VALUE | | 100 | Common | No Par |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



4 2 4 2 7

42427 DBC 08/26/05 10:15 AM

FILED

File Date AUG 29 2005

Check No. _____

By: SA 60 GMB

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.

Donald Smith
Signature of Officer
Date 8/24/05

Donald Smith
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

| | | | | | |
|--|-------------|---|--|---|---------------------|
| 1. Corporate ID No. 42427 | | 2. Name of Corporation GENERAL COMMERCIAL MORTGAGE COMPANY | | | |
| 3. Street Address Principal Business Office 140 RESERVOIR AVENUE | | | City PROVIDENCE | State RI | Zip 02907 |
| 4. Business Phone No. 401-461-0090 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 6148 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL MORTGAGE | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name DONALD S. SMITH | | | Vice President Name WILLIAM GRIFFIN | | |
| Street Address 140 RESERVOIR AVENUE | | | Street Address 140 RESERVOIR AVENUE | | |
| City PROVIDENCE | State RI | Zip 02907 | City PROVIDENCE | State RI | Zip 02907 |
| Secretary Name DONALD S. SMITH | | | Treasurer Name DONALD S. SMITH | | |
| Street Address 140 RESERVOIR AVENUE | | | Street Address 140 RESERVOIR AVENUE | | |
| City PROVIDENCE | State RI | Zip 02907 | City PROVIDENCE | State RI | Zip 02907 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name DONALD S. SMITH | | | Director Name | | |
| Street Address 140 RESERVOIR AVENUE | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02907 | City | State | Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES | | | | | |
| Number of Shares | | Class/Series | Par Value | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES | |
| 200 NO PAR VALUE | | | | Number of Shares | |
| | | | | Class/Series | |
| | | | | Par Value | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 2 4 2 7 *

File Date 1-30-04
Check No. 2886
By: MS
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]
Signature of Officer
DONALD S. SMITH
Print or Type Name of Officer
PRESIDENT
Title of Officer
1/28/04
Date



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **42427** 2. Name of Corporation **GENERAL COMMERCIAL MORTGAGE COMPANY**
3. Street Address Principal Business Office **140 Reservoir Avenue** City **Providence** State **RI** Zip **02907**
4. Business Phone No. **401-781-8248** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6148**

7. Brief Description of the Character of Business Conducted in Rhode Island
MORTGAGE BUSINESS LOAN

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|--|
| President Name Donald Smith | Vice President Name Donald Smith |
| Street Address 140 Reservoir Avenue | Street Address 140 Reservoir Avenue |
| City Providence State RI Zip 02907 | City Providence State RI Zip 02907 |
| Secretary Name Donald Smith | Treasurer Name Donald Smith |
| Street Address 140 Reservoir Avenue | Street Address 140 Reservoir Avenue |
| City Providence State RI Zip 02907 | City Providence State RI Zip 02907 |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|--|
| Director Name Donald Smith | Director Name Donald Smith |
| Street Address 140 Reservoir Avenue | Street Address 140 Reservoir Avenue |
| City Providence State RI Zip 02907 | City Providence State RI Zip 02907 |
| Director Name | Director Name |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |

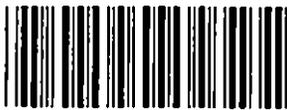
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
200 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 NO PAR COMMON

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 2 4 2 7 *

File Date: 4.22.03
Check No.: 2835
By: IUP

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 of Officer [Signature] Date 3/6/03
Donald S. Smith

Print or Type Name of Officer
President

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **42427** 2. Name of Corporation **GENERAL COMMERCIAL MORTGAGE COMPANY**
3. Street Address Principal Business Office **140 Reservoir Ave** City **Providence** State **R.I.** Zip **02907**
4. Business Phone No. **(401) 781-8248** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6148**
7. Brief Description of the Character of Business Conducted in Rhode Island

Commercial Mortgage Originations

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|---|--|
| President Name Donald S. Smith Street Address 38 Firglade Drive City Cranston State R.I. Zip 02920 | Vice President Name Donald S. Smith Street Address 38 Firglade Drive City Cranston State R.I. Zip 02920 |
| Secretary Name Donald S. Smith Street Address 38 Firglade Drive City Cranston State R.I. Zip 02900 | Treasurer Name Donald S. Smith Street Address 38 Firglade Drive City Providence State R.I. Zip 02920 |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|---|
| Director Name Donald S. Smith Street Address 38 Firglade Drive City Cranston State R.I. Zip 02920 | Director Name Street Address City State Zip |
| Director Name Street Address City State Zip | Director Name Street Address City State Zip |

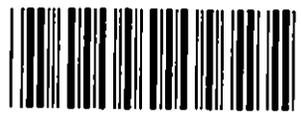
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
200 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 2 4 2 7 *

File Date: 8-16-02
Check No.: 2803
By: [Signature]

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 of Officer: [Signature] Date: 1/27/02
Print or Type Name of Officer: Donald S Smith
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **42427** 2. Name of Corporation **GENERAL COMMERCIAL MORTGAGE COMPANY**

3. Street Address Principal Business Office **140 Reservoir Ave** City **Providence** State **RI** Zip **02907**

4. Business Phone No. **401-461-0090** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8148**

7. Brief Description of the Character of Business Conducted in Rhode Island
Commercial Mortgage

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|---|---|
| President Name Donald S. Smith | Vice President Name Donald S. Smith |
| Street Address 38 Firglade Dr | Street Address 38 Firglade Dr |
| City Cranston State RI Zip 02920 | City Cranston State RI Zip 02920 |
| Secretary Name Donald S. Smith | Treasurer Name Donald S. Smith |
| Street Address 38 Firglade Dr | Street Address 38 Firglade Dr |
| City Cranston State RI Zip 02920 | City Cranston State RI Zip 02920 |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|---|----------------|
| Director Name Donald S. Smith | Director Name |
| Street Address 38 Firglade Dr | Street Address |
| City Cranston State RI Zip 02920 | City State Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|-------------------|--------------|-----------|
| 200 NO PAR | | |

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|
| NONE | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 2 4 2 7 *

File Date: 3-22-01

Check No.: 2718

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] Date 2/15/01

Donald S. Smith

President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 42427 2. Name of Corporation GENERAL COMMERCIAL MORTGAGE COMPANY

3. Street Address Principal Business Office 140 Reservoir Avenue City Providence State RI Zip 02907
4. Business Phone No. 401-781-8248 5. State of Incorporation RHODE ISLAND 6. ~~8148~~

7. Brief Description of the Character of Business Conducted in Rhode Island

Commercial Mortgages

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|---|--|
| President Name <u>Donald S. Smith</u> Street Address <u>38 Firglade Drive</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u> | Vice President Name <u>Donald S. Smith</u> Street Address <u>38 Firglade Drive</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u> |
| Secretary Name <u>Donald S. Smith</u> Street Address <u>38 Firglade Drive</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u> | Treasurer Name <u>Donald S. Smith</u> Street Address <u>38 Firglade Drive</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u> |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|---|
| Director Name <u>Donald S. Smith</u> Street Address <u>38 Firglade Drive</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u> | Director Name Street Address City _____ State _____ Zip _____ |
| Director Name Street Address City _____ State _____ Zip _____ | Director Name Street Address City _____ State _____ Zip _____ |

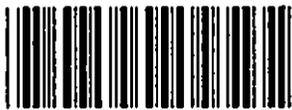
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | Class/Series | Par Value |
|-------------------|--------------|-----------|
| <u>200 NO PAR</u> | | |

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|-----------|
| <u>NONE</u> | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 2 4 2 7 *

File Date: 3/20/00

Check No.: 2663

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] Date 2/16/00

Donald S Smith
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

| | | | |
|---|--------------------|---|---------------------|
| 1. Corporate ID No. 42427 | | 2. Name of Corporation GENERAL COMMERCIAL MORTGAGE COMPANY | |
| 3. Street Address Principal Business Office 140 Reservoir Avenue, | | City Providence | State RI |
| 4. Business Phone No. (401)-781-8248 | | 5. State of Incorporation RHODE ISLAND | Zip 02907 |
| 6. SIC Code 6148 | | 7. Brief Description of the Character of Business Conducted in Rhode Island Mortgage originations | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name Donald S. Smith | | Vice President Name Donald S. Smith | |
| Street Address 140 Reservoir Avenue | | Street Address 140 Reservoir Avenue | |
| City Providence | State RI | City Providence | State RI |
| Zip 02907 | | Zip 02907 | |
| Secretary Name Donald S. Smith | | Treasurer Name Donald S. Smith | |
| Street Address 140 Reservoir Avenue | | Street Address 140 Reservoir Avenue | |
| City Providence | State RI | City Providence | State RI |
| Zip 02907 | | Zip 02907 | |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| Director Name Donald S. Smith | | Director Name | |
| Street Address 140 Reservoir Avenue | | Street Address | |
| City Providence | State RI | City | State |
| Zip 02907 | | Zip | |
| Director Name Donald S. Smith | | Director Name | |
| Street Address 140 Reservoir Avenue | | Street Address | |
| City Providence | State RI | City | State |
| Zip 02907 | | Zip | |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) | | | |
| AUTHORIZED SHARES | | | |
| Number of Shares 200 NO PAR | Class/Series | Par Value | |
| 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) | | | |
| ISSUED SHARES | | | |
| Number of Shares NONE | Class/Series | Par Value | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 2 4 2 7 *

File Date: Feb 25, 99

Check No.: 2947

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 of Officer: [Signature] Date: 2/22/99

Print or Type Name of Officer: DONALD S SMITH

Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

| | | | |
|--|--|--|---------------------|
| 1. Corporate ID No. 42427 | | 2. Name of Corporation GENERAL COMMERCIAL MORTGAGE COMPANY | |
| 3. Street Address Principal Business Office 140 Reservoir Avenue | | City Providence | State RI |
| 4. Business Phone No. (401) 461-0090 | | 5. State of Incorporation RHODE ISLAND | Zip 02907 |
| 6. SIC Code 6148 | | 7. Brief Description of the Character of Business Conducted in Rhode Island Commercial Mortgages | |

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

| | | | | | |
|--|--------------------|---------------------|---|--------------------|---------------------|
| President Name Donald S. Smith | | | Vice President Name Donald S. Smith | | |
| Street Address 38 Firglade Drive | | | Street Address 38 Firglade Drive | | |
| City Cranston | State RI | Zip 02907 | City Cranston | State RI | Zip 02907 |
| Secretary Name Donald S. Smith | | | Treasurer Name Donald S. Smith | | |
| Street Address 38 Firglade Drive | | | Street Address 38 Firglade Drive | | |
| City Cranston | State RI | Zip 02907 | City Cranston | State RI | Zip 02907 |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

| | | | | | |
|--|--------------------|---------------------|----------------|-------|-----|
| Director Name Donald S. Smith | | | Director Name | | |
| Street Address 38 Firglade Drive | | | Street Address | | |
| City Cranston | State RI | Zip 02907 | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

| Number of Shares | Class/Series | Par Value |
|-------------------|--------------|-----------|
| 200 NO PAR | | |

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|
| 0 | | 0 |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 2 4 2 7 *

File Date: **3-11-98**

Check No.: **2720**

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 of Officer

Date

Donald S. Smith

2/2/98

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **42427** 2. Name of Corporation **GENERAL COMMERCIAL MORTGAGE COMPANY**
3. Street Address Principal Business Office **140 Reservoir Avenue** City **Providence** State **RI** Zip **02907**
4. Business Phone No. **(401) 461-0090** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6148**

7. Brief Description of the Character of Business Conducted in Rhode Island
Buying, selling and organization of mortgage financing and other lawful purpose.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

| | | | | | |
|--|-----------|--------------|--|-----------|--------------|
| President Name Donald S. Smith | | | Vice President Name | | |
| Street Address 38 Firglade Drive | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Cranston | RI | 02920 | | | |
| Secretary Name Donald S. Smith | | | Treasurer Name Donald S. Smith | | |
| Street Address 38 Firglade Drive | | | Street Address 38 Firglade Drive | | |
| City | State | Zip | City | State | Zip |
| Cranston | RI | 02920 | Cranston | RI | 02920 |

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

| | | | | | |
|--|-----------|--------------|----------------|-------|-----|
| Director Name Donald S. Smith | | | Director Name | | |
| Street Address 38 Firglade Drive | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Cranston | RI | 02920 | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|-------------------|--------------|-----------|------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 200 NO PAR | | | None | | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3-4-97
Check No.: 2322
By: WJ/SEC
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.
GENERAL COMMERCIAL MORTGAGE COMPANY
By: Donald S. Smith, 1997
Signature of Officer Date
Print or Type Name of Officer
President
Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

| | | | | |
|--|--|---|-------------|---------------------|
| 1. CORPORATE ID NO. 42427 | | 2. NAME OF CORPORATION GENERAL COMMERCIAL MORTGAGE COMPANY | | |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 140 Reservoir Avenue | | CITY Providence | STATE RI | ZIP CODE 02907 |
| 4. BUSINESS PHONE NO. (401) 461-0090 | | 5. STATE OF INCORPORATION RHODE ISLAND | | 6. SIC CODE 6148 |
| 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Buying, sellin and organizatio of mortgage lfinancing and other lawful purpose. | | | | |

B. NAMES AND ADDRESSES OF THE OFFICERS

| | | | | | |
|-------------------------------------|-------------|-------------------|-------------------------------------|-------------|-------------------|
| PRESIDENT NAME Donald S. Smith | | | VICE PRESIDENT NAME | | |
| STREET ADDRESS 38 Firglade Drive | | | STREET ADDRESS | | |
| CITY Cranston | STATE RI | ZIP CODE 02920 | CITY | STATE | ZIP CODE |
| SECRETARY NAME Donald S. Smith | | | TREASURER NAME Donald S. Smith | | |
| STREET ADDRESS 38 Firglade Drive | | | STREET ADDRESS 38 Firglade Drive | | |
| CITY Cranston | STATE RI | ZIP CODE 02920 | CITY Cranston | STATE RI | ZIP CODE 02920 |

B. NAMES AND ADDRESSES OF THE DIRECTORS

| | | | | | |
|-------------------------------------|-------------|-------------------|----------------|-------|----------|
| DIRECTOR NAME Donald S. Smith | | | DIRECTOR NAME | | |
| STREET ADDRESS 38 Firglade Drive | | | STREET ADDRESS | | |
| CITY Cranston | STATE RI | ZIP CODE 02920 | CITY | STATE | ZIP CODE |
| DIRECTOR NAME | | | DIRECTOR NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |

10. SHARES AUTHORIZED AND ISSUED

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|-------------------|----------------|-----------|------------------|----------------|-----------|
| NUMBER OF SHARES | CLASS / SERIES | PAR VALUE | NUMBER OF SHARES | CLASS / SERIES | PAR VALUE |
| 200 | NO PAR | | None | | |
| | | | | | |
| | | | | | |

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

GENERAL COMMERCIAL MORTGAGE COMPANY

By: Signature of Officer

Donald S. Smith

Print or Type Name of Officer

President

Title of Officer

1996 Date

File Date: 3/26/96

Check No: 2226

By: For Secretary of State Use Only



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0042427 Annual Report for the year: 1995

Name of Corporation: GENERAL COMMERCIAL MORTGAGE COMPANY

Business entity organized under the laws of the State of: Rhode Island
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
 140 Reservoir Avenue
 Providence, Rhode Island 02907

Brief statement of the character of business conducted in Rhode Island:
 buying, selling and organization of mortgage financing and other lawful purpose.

Phone: (401) 461-0090

THE NAMES OF THE OFFICERS ARE:

| | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------------------------------|-------------------|--------------|----------|
| PRESIDENT Donald S. Smith | 38 Firglade Drive | Cranston, RI | 02920 |
| VICE PRESIDENT | | | |
| SECRETARY Donald S. Smith | 38 Firglade Drive | Cranston, RI | 02920 |
| TREASURER Donald S. Smith | 38 Firglade Drive | Cranston, RI | 02920 |

THE NAMES OF THE DIRECTORS ARE:

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|-----------------|-------------------|--------------|----------|
| Donald S. Smith | 38 Firglade Drive | Cranston, RI | 02920 |
| | | | |
| | | | |

| NUMBER OF SHARES AUTHORIZED (Rider may be attached) | | NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) | |
|---|----------------|---|----------------|
| Number of Shares | Class / Series | Number of Shares | Class / Series |
| 200 | No Par Common | 100 | No Par Common |

Date January 31st, 19 95
 By: Donald S. Smith
 PRINT OR TYPE NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING: President

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

DOUGLAS H. SMITH
 140 RESERVOIR AVENUE
 PROVIDENCE RI 02907

FILED
 FEB 22 1995
 By: XXXXXXXXXX

Corporate ID: _____ Annual Report for the year: _____

NAME OF BUSINESS ENTITY: GENERAL COMMERCIAL MORTGAGE COMPANY

Business Entity is (check one):

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

Foreign entity, address and telephone number of principal office:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

40 Reservoir Avenue

Providence, Rhode Island 02907

Telephone: (401) 461-0090

- Business Corporation (See RIGL Chapter 7-1-1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Douglas H. Smith, Esq.
140 Reservoir Avenue
Providence, RI 02907

Brief statement of the character of business conducted in Rhode Island:
buying, selling and organization of
mortgage financing and other lawful purpose.

Date of Organization: March 30, 1987

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

NAME OF OFFICER OR PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Donald S. Smith 15 Vale Avenue Cranston, RI 02910

NAME OF OFFICER OR VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

NAME OF OFFICER OR SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Donald S. Smith 15 Vale Avenue Cranston, RI 02910

NAME OF OFFICER OR TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE

Donald S. Smith 15 Vale Avenue Cranston, RI 02910

THE NAMES OF THE DIRECTORS ARE:

NAME OF DIRECTOR STREET ADDRESS CITY/STATE ZIP CODE

Donald S. Smith 15 Vale Avenue Cranston, RI 02910

NAME OF DIRECTOR STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 200 NUMBER

CLASS CLASS

SERIES SERIES

PAR VALUE OR WITHOUT PAR PAR VALUE OR WITHOUT PAR

NO PAR NO PAR

GENERAL COMMERCIAL MORTGAGE COMPANY

By March 3, 1994 _____

Donald S. Smith

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

FILED

MAR 07 1994

By MR 59 6463

DOUGLAS H. SMITH
140 RESERVOIR AVENUE
PROVIDENCE RI 02907

Filing Fee \$50.00

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To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 42426 Annual Report for the year 1993

FIRST: The name of the corporation is GENERAL COMMERCIAL MORTGAGE COMPANY

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is buying, selling and organization of mortgage financing and other lawful purpose.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 140 Reservoir Avenue, Providence, Rhode Island 02907

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name | Office | Address (including number, street, zip code) |
|-----------------|----------------|--|
| Donald S. Smith | Director | 15 Vale Avenue, Cranston, RI 02910 |
| | Director | |
| | Director | |
| Donald S. Smith | President | " " |
| | Vice President | |
| Donald S. Smith | Secretary | " " |
| Donald S. Smith | Treasurer | " " |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

PAID
OCT 18 1993
SECY OF STATE

Dated October 14, 19 93

GENERAL COMMERCIAL MORTGAGE COMPANY
(Name of Corporation)

By [Signature]

(Report must be signed by an officer)

Title PRESIDENT

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

14469B
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 42427 Annual Report for the year 1992

FIRST: The name of the corporation is GENERAL COMMERCIAL MORTGAGE COMPANY

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is buying, selling and organization of mortgage financing and other lawful purpose

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 140 Reservoir Avenue, Providence, Rhode Island
02907

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name | Office | Address (including number, street, zip code) |
|------------------------|-----------------------|--|
| <u>Donald S. Smith</u> | <u>Director</u> | <u>15 Vale Avenue, Cranston, RI 02910</u> |
| ..... | <u>Director</u> | ..... |
| ..... | <u>Director</u> | ..... |
| <u>"</u> | <u>"</u> | <u>"</u> |
| ..... | <u>President</u> | ..... |
| ..... | <u>Vice President</u> | ..... |
| <u>"</u> | <u>"</u> | <u>"</u> |
| ..... | <u>Secretary</u> | ..... |
| <u>"</u> | <u>"</u> | <u>"</u> |
| ..... | <u>Treasurer</u> | ..... |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

3.3.2.1.2
SECY OFFICER

Dated November 29 19 92

GENERAL COMMERCIAL MORTGAGE COMPANY

(Name of Corporation)

By [Signature]

DONALD S. SMITH

Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$50.00

1455 JB

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 42427 Annual Report for the year 1991

FIRST: The name of the corporation is GENERAL COMMERCIAL MORTGAGE COMPANY

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is buying, selling and organization of mortgage financing and other lawful purpose

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 140 Reservoir Avenue, Providence, Rhode Island 02907

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name | Office | Address (including number, street, zip code) |
|-----------------|----------------|--|
| Donald S. Smith | Director | 15 Vale Avenue, Cranston, RI 02910 |
| | Director | |
| | Director | |
| " | President | " |
| | Vice President | |
| " | Secretary | " |
| " | Treasurer | " |

SEVENTH: Number of Shares authorized:

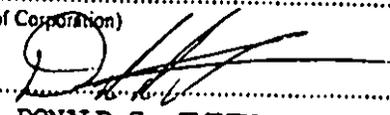
| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

Dated November 21 19 92

GENERAL COMMERCIAL MORTGAGE COMPANY
(Name of Corporation)

By 
DONALD S. SMITH
Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

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Corporate ID 0042427

Annual Report for the year 1990

FIRST: The name of the corporation is GENERAL COMMERCIAL MORTGAGE COMPANY

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Financial Lending Institution

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

140 Reservoir Avenue, Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers:

PAID
FEB 01 1990
SECY. OF STATE
(Attach rider if necessary)
Address (including number, street, zip code)

| Name | Office | Address (including number, street, zip code) |
|-----------------|----------------|--|
| DONALD S. SMITH | Director | 140 Reservoir Avenue, Providence, RI 02907 |
| | Director | |
| | Director | |
| DONALD S. SMITH | President | 140 Reservoir Avenue, Providence, RI 02907 |
| DONALD S. SMITH | Vice President | 140 Reservoir Avenue, Providence, RI 02907 |
| DONALD S. SMITH | Secretary | 140 Reservoir Avenue, Providence, RI 02907 |
| DONALD S. SMITH | Treasurer | 140 Reservoir Avenue, Providence, RI 02907 |

SEVENTH: Number of Shares authorized:

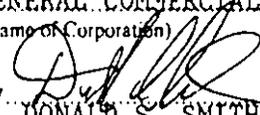
| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 100 | Common | | No Par |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

Dated February 1, 19 90

GENERAL COMMERCIAL MORTGAGE COMPANY

(Name of Corporation)
By 
DONALD S. SMITH

(Report must be signed by an officer)

Title President

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

DV

Corporate ID 0042427 Annual Report for the year 1989

FIRST: The name of the corporation is GENERAL COMMERCIAL MORTGAGE COMPANY

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Mortgage Brokerage

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 140 Reservoir Avenue, Providence, RI 02907

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name | Office | Address (including number, street, zip code) |
|-----------------|----------------|--|
| DONALD S. SMITH | Director | 140 Reservoir Avenue, Providence, RI 02907 |
| | Director | |
| | Director | |
| DONALD S. SMITH | President | 140 Reservoir Avenue, Providence, RI 02907 |
| | Vice President | |
| DONALD S. SMITH | Secretary | 140 Reservoir Avenue, Providence, RI 02907 |
| DONALD S. SMITH | Treasurer | 140 Reservoir Avenue, Providence, RI 02907 |

SEVENTH: Number of Shares authorized:

Par Value
or statement that
shares are without
par value

| No. of Shares | Class | Series |
|---------------|-------|--------|
| | | SAID |

JUL 10 1989

EIGHTH: Number of Shares issued:

Par Value
or statement that
shares are without
par value

| No. of Shares | Class | Series |
|---------------|-------|--------|
| | | |

Dated June 14, 19 88

GENERAL COMMERCIAL MORTGAGE COMPANY

(Name of Corporation)

By *[Signature]*
DONALD S. SMITH

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0042427 Annual Report for the year 1988

FIRST: The name of the corporation is GENERAL COMMERCIAL MORTGAGE COMPANY

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Mortgage Brokerage

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 140 Reservoir Avenue, Providence, RI 02907

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name | Office | Address (including number, street, zip code) |
|------------------------|-----------------------|---|
| <u>DONALD S. SMITH</u> | <u>Director</u> | <u>140 Reservoir Avenue, Providence, RI 02907</u> |
| ..... | <u>Director</u> | ..... |
| ..... | <u>Director</u> | ..... |
| <u>DONALD S. SMITH</u> | <u>President</u> | <u>140 Reservoir Avenue, Providence, RI 02907</u> |
| ..... | <u>Vice President</u> | ..... |
| <u>DONALD S. SMITH</u> | <u>Secretary</u> | <u>140 Reservoir Avenue, Providence, RI 02907</u> |
| <u>DONALD S. SMITH</u> | <u>Treasurer</u> | <u>140 Reservoir Avenue, Providence, RI 02907</u> |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
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| | | | |

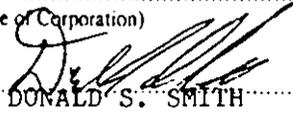
EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| | | | |

Dated June 14, 19 88

GENERAL COMMERCIAL MORTGAGE COMPANY

(Name of Corporation)

By 
DONALD S. SMITH

Title President

(Report must be signed by an officer)