



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

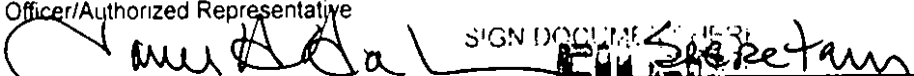
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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: **2019**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee \$20.00
- Penalty Additional \$25.00 fee if form is not filed by July 30.

2019 JUN 17 PM 1:03

1. Entity ID Number 40634		2. Exact name of the Corporation Rhode Island Mortgage Bankers Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island A trade association for mortgage lenders and brokers			
4. NAICS Code 813920 - Professional Organ					
6. Principal Office Address c/oPartridge Snow & Hahn LLP 40 Westminster St Ste 1100		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name See attached list of all officers		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name See attached list of all directors		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative James H. Hahn					Date 6/13/19
Signature of Officer/Authorized Representative 					

SIGN DOCUMENT HERE
FILED
 Secretary

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY TAGAM

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