



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corp
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 000109263

2. Name of Corporation EQUIANT FINANCIAL SERVICES INC.

3. Street Address Principal Business Office:

No. and Street: 500 N JUNIPER DRIVE SUITE 100

City or Town: CHANDLER

State: AZ Zip: 85226 Country: USA

5. State of Incorporation

State: AZ

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

813920

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

LOAN SERVICING

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	FRANK A MORRISROE	5401 N. PIMA RD. STE. 150 SCOTTSDALE, AZ 85250 USA
TREASURER	NEITHARD FOLEY	5401 N. PIMA RD. STE. 150 SCOTTSDALE, AZ 85250 USA
SECRETARY	PETER MOODY	5401 N. PIMA RD. STE. 150 SCOTTSDALE, AZ 85250 USA
DIRECTOR	FRANK A MORRISROE	5401 N. PIMA RD. STE. 150 SCOTTSDALE, AZ 85250 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	1,000.00	1000

9. 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.

Signed this 26 Day of July, 2019 at 12:46:30 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By FRANK A MORRISROE

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

July 26, 2019 12:46 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

