RI SOS Filing Number: 201915992840

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Date: 8/28/2019 10:46:00 PACEIVED
BUS SVCS DIV 2019 AUG 28 A 10 STAMP

Annual	Report	for the	year:	2017
^				

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25		• •							
1. Entity ID Number 1666586		2. Exact name of the Corporation On Q Financial, Inc.							
3. Principal Office Address	 		City		State	Zip			
615 S. River Drive, Suite 170			Tempe		AZ	85281			
4. NAICS Code 522310		6. Brief description of the character of business conducted in Rhode Island Residential mortgage lending.							
5. State of Incorporation Arizona									
7. List ALL officers (names an	d addresses)				k the box to indi	cate an attachment 🔲			
President Name John Bergma	Vice-Preside	Vice-President Name							
Street Address 4602 N. Royal V	Street Addre	Street Address							
City Phoenix	State AZ	^{Zip} 85018	City		State	Zip			
Secretary Name			Treasurer Name						
Street Address			Street Address						
City	State	Zip	City		State	Zip			
8. List ALL directors (names a	and addresses)			Chec	ck the box to indi	icate an attachment			
Director Name John Bergman			Director Nan	Director Name					
Street Address 4602 N. Royal View Drive			Street Addre	Street Address					
City Phoenix	State AZ	Zip 85018	City		State	Zıp			
Director Name			Director Nan	Director Name					
Street Address	Street Address								
City	State	Zip	City		State	Zip			
9. Shares Authorized	10. Shares Issu			ed Check the box to indicate an attachment					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES			C:ASS/SERIES				
		1,000,000		Class A	s A 1.00				
11. This report must be executrustee, this report must be ex					poration is in the	nands of a receiver or			
Under penalty of perjury, I o statements, and that all sta	declare and affirm (hat I have examin	ed this report,		ompanying sch	edules and			
Name of Authorized Represen	Date	Date							
Kristin Ruiz						8/21/2019			
Signature of Authorized Repre	esentative		ILED CUMENT HER	Ē					
MADILLEVIA	1	AH	G 2 8 2013						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 630 - Revised: 10/2017