



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

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 BUS SVCS DIV
 2019 AUG 28 A 10:45 STAMP

Annual Report for the year: **2017**
 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 1666586		2. Exact name of the Corporation On Q Financial, Inc.				
3. Principal Office Address 615 S. River Drive, Suite 170			City Tempe	State AZ	Zip 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 and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name John Bergman			Vice-President Name			
Street Address 4602 N. Royal View Drive			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 and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name John Bergman			Director Name			
Street Address 4602 N. Royal View Drive			Street Address			
City Phoenix	State AZ	Zip 85018	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued				Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		1,000,000		Class A	1.00	
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 Kristin Ruiz				Date 8/21/2019		
Signature of Authorized Representative <i>Kristin Ruiz</i>						

FILED
 SIGN DOCUMENT HERE
 AUG 28 2019
 BY **TAX07**
A.A. 10:46 A.M.

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov