

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

1. Corporate ID No 100537		2. Name of Corporation AAA Southern New England Mortgage Corporation			
3. Street Address Principal Business Office 110 ROYAL LITTLE DRIVE			City PROVIDENCE	State RI	Zip 02904
4. Business Phone No (401) 868-2000		5. State of Incorporation RHODE ISLAND		6. SIC Code 6148	
7. Brief Description of the Character of Business Conducted in Rhode Island MORTGAGE LENDING, SERVICING, BROKERING AND RELATED FINANCIAL SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARK A. SHAW			Vice President Name DEBORAH A. IMONDI		
Street Address 1169 BULLOCKS POINT AVENUE			Street Address 53 BAIRD AVENUE		
City RIVERSIDE	State RI	Zip 02915	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name R. STEPHEN MANTY			Treasurer Name R. STEPHEN MANTY		
Street Address 3 LONGFELLOW DRIVE			Street Address 3 LONGFELLOW DRIVE		
City FRANKLIN	State MA	Zip 02038	City FRANKLIN	State MA	Zip 02038
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARK A. SHAW			Director Name GEORGE GRABOYS		
Street Address 1169 BULLOCKS POINT AVENUE			Street Address 95 HOLLY ROAD		
City RIVERSIDE	State RI	Zip 02915	City MARION	State MA	Zip 02738
Director Name JOSEPH F. WHINERY, JR.			Director Name		
Street Address 21 WEYMOUTH STREET			Street Address		
City PROVIDENCE	State RI	Zip 02906	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
100	COMM NO PAR VALUE		100	COMMON	NO PAR VALUE

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



File Date: 2/25/05
 Check No.: 903324
 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: 2/25/05
 Signature of Officer: MARK A. SHAW
 Print or Type Name of Officer: PRESIDENT
 Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-133
401.222.304

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 100537		2. Name of Corporation AAA Southern New England Mortgage Corporation			
3. Street Address Principal Business Office 110 ROYAL LITTLE DRIVE			City PROVIDENCE	State RI	Zip 02904
4. Business Phone No. (401) 868-2000		5. State of Incorporation RHODE ISLAND			6. SIC Code 6148

7. Brief Description of the Character of Business Conducted in Rhode Island
MORTGAGE LENDING, SERVICING, BROKERING AND RELATED FINANCIAL SERVICES.

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

President Name MARK A. SHAW			Vice President Name DEBORAH A. IMONDI		
Street Address 1169 BULLOCKS POINT AVENUE			Street Address 53 BAIRD AVENUE		
City RIVERSIDE	State RI	Zip 02915	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name R. STEPHEN MANTY			Treasurer Name R. STEPHEN MANTY		
Street Address 3 LONGFELLOW DRIVE			Street Address 3 LONGFELLOW DRIVE		
City FRANKLIN	State MA	Zip 02038	City FRANKLIN	State MA	Zip 02038

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

Director Name MARK A. SHAW			Director Name GEORGE GRABOYS		
Street Address 1169 BULLOCKS POINT AVENUE			Street Address 95 HOLLY ROAD		
City RIVERSIDE	State RI	Zip 02915	City MARION	State MA	Zip 02738
Director Name JOSEPH F. WHINERY, JR.			Director Name		
Street Address 21 WEYMOUTH STREET			Street Address		
City PROVIDENCE	State RI	Zip 02906	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
100 COMM NO PAR VALUE			100	COMMON	NO PAR VALUE

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



* 1 0 0 5 3 7 *

File Date 3-1-04
Check No. 1706608
By: lp
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 2/23/04
MARK A. SHAW
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

Edward S. Inman, III, Secretary of Sta.
Corporations Division
100 North Main Street, Providence, RI 02903-133
401-222-304

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. **100537** 2. Name of Corporation **AAA Southern New England Mortgage Corporation**
3. Street Address Principal Business Office **110 ROYAL LITTLE DRIVE** City **PROVIDENCE** State **RI** Zip **02904**
4. Business Phone No. **(401) 868-2000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6148**

7. Brief Description of the Character of Business Conducted in Rhode Island
INSURANCE AGENCY--SOLICITING AND RECEIVING APPLICATIONS FOR INSURANCE

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

President Name MARK A. SHAW Street Address 1169 BULLOCKS POINT AVENUE City RIVERSIDE State RI Zip 02915	Vice President Name DEBORAH A. IMONDI Street Address 53 BAIRD AVENUE City NORTH PROVIDENCE State RI Zip 02904
Secretary Name R. STEPHEN MANTY Street Address 3 LONGFELLOW DRIVE City FRANKLIN State MA Zip 02038	Treasurer Name R. STEPHEN MANTY Street Address 3 LONGFELLOW DRIVE City FRANKLIN State MA Zip 02038

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

Director Name MARK A. SHAW Street Address 1169 BULLOCKS POINT AVENUE City RIVERSIDE State RI Zip 02915	Director Name MILTON C. BICKFORD, JR. Street Address 147 BEAVERTAIL ROAD City JAMESTOWN State RI Zip 02835
Director Name GEORGE GRABOYS Street Address 95 HOLLY ROAD City MARION State MA Zip 02738	Director Name Street Address City State Zip

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

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

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

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

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



* 1 0 0 5 3 7 *

FILED

File Date: MAR 03 2003

Check No.: BV COM 315930

By: MARK A. SHAW

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.

MARK A. SHAW
Signature of Officer Date

MARK A. SHAW
Print or Type Name of Officer

PRESIDENT



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1331
401-222-3041



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. **100537** 2. Name of Corporation **AAA Southern New England Mortgage Corporation**

3. Street Address Principal Business Office **110 ROYAL LITTLE DRIVE** City **PROVIDENCE** State **RI** Zip **02904**

4. Business Phone No. **(401) 868-2000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6148**

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

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

<p>President Name MARK A. SHAW</p> <p>Street Address 1169 BULLOCKS POINT AVENUE</p> <p>City State Zip RIVERSIDE RI 02915</p> <p>Secretary Name R. STEPHEN MANTY</p> <p>Street Address 3 LONGFELLOW DRIVE</p> <p>City State Zip FRANKLIN MA 02038</p>	<p>Vice President Name DEBORAH A. IMONDI</p> <p>Street Address 53 BAIRD AVENUE</p> <p>City State Zip NORTH PROVIDENCE RI 02904</p> <p>Treasurer Name R. STEPHEN MANTY</p> <p>Street Address 3 LONGFELLOW DRIVE</p> <p>City State Zip FRANKLIN MA 02038</p>
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

<p>Director Name MARK A. SHAW</p> <p>Street Address 1169 BULLOCKS POINT AVENUE</p> <p>City State Zip RIVERSIDE RI 02915</p> <p>Director Name GEORGE GRABOYS</p> <p>Street Address 95 HOLLY ROAD</p> <p>City State Zip MARION MA 02738</p>	<p>Director Name MILTON C. BICKFORD, JR.</p> <p>Street Address 147 BEAVERTAIL ROAD</p> <p>City State Zip JAMESTOWN RI 02835</p>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

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

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

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



* 1 0 0 5 3 7 *

File Date: 3-1-02

Check No.: 900132

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] Date

MARK A. SHAW

Print or Type Name 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. **100537** 2. Name of Corporation **AAA Southern New England Mortgage Corporation**
3. Street Address Principal Business Office **110 Royal Little Drive** City **Providence** State **RI** Zip **02904-1863**
4. Business Phone No. **(401) 868-2000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8148**

7. Brief Description of the Character of Business Conducted in Rhode Island
Originate first mortgage residential loans

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

President Name H. Thomas Rowles Street Address One Sandy Brook Court City State Zip Warwick RI 02886	Vice President Name Jeffrey A. Desrosiers Street Address 25 Lily Drive City State Zip Cranston RI 02920
Secretary Name Mark A. Shaw Street Address 1169 Bullocks Point Avenue City State Zip Riverside RI 02915	Treasurer Name Mark A. Shaw Street Address 1169 Bullocks Point Avenue City State Zip Riverside RI 02915

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

Director Name H. Thomas Rowles Street Address One Sandy Brook Court City State Zip Warwick RI 02886	Director Name George Graboys Street Address 95 Holly Road City State Zip Marion MA 02738
Director Name Milton C. Bickford, Jr. Street Address 147 Beavertail Road City State Zip Jamestown RI 02835-2714	Director Name -0- Street Address City State Zip

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

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

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

ISSUED SHARES	Number of Shares	Class/Series	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



* 1 0 0 5 3 7 *

File Date: 1/31

Check No.: 95651

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: 1/25/01

Mark A. Shaw

Print or Type Name of Officer

Secretary/Treasurer



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 02903-13
401-222-30



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. **100537** 2. Name of Corporation **AAA Southern New England Mortgage Corporation**
3. Street Address Principal Business Office **110 Royal Little Drive** City **Providence** State **RI** Zip **02904-1863**
4. Business Phone No. **(401) 868-2000** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6148**

7. Brief Description of the Character of Business Conducted in Rhode Island
Originate First Mortgage Residential Loans

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

President Name H. Thomas Rowles Street Address One Sandy Brook Court City Warwick State RI Zip 02886	Vice President Name Jeffrey A. Desrosiers Street Address 25 Lily Drive City Cranston State RI Zip 02920
Secretary Name Mark A. Shaw Street Address 1169 Bullocks Point Avenue City Riverside State RI Zip 02915	Treasurer Name Mark A. Shaw Street Address 1169 Bullocks Point Avenue City Riverside State RI Zip 02915

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

Director Name H. Thomas Rowles Street Address One Sandy Brook Drive City Warwick State RI Zip 02886	Director Name George Graboys Street Address 95 Holly Road City Marion State MA Zip 02738
Director Name Milton C. Bickford, Jr. Street Address 147 Beavertail Road City Jamestown State RI Zip 02835-2714	Director Name -0- Street Address -0- City _____ State _____ Zip _____

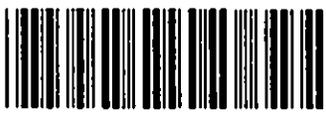
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

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

ISSUED SHARES		
Number of Shares	Class/Series	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.



* 1 0 0 5 3 7 *

File Date: 11/20/00

Check No.: 70855

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] 11/17/2000
Signature of Officer Date

H. Thomas Rowles
Print or Type Name of Officer
President



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. 100537	2. Name of Corporation AAA Southern New England Mortgage Corporation
3. Street Address Principal Business Office 501 Centerville Road	City Warwick State RI Zip 02886
4. Business Phone No. 401-732-5000	5. State of Incorporation RHODE ISLAND 6. SIC Code 6148
7. Brief Description of the Character of Business Conducted in Rhode Island originate first mortgage residential loans	

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

President Name H. Thomas Rowles	Vice President Name Jeffrey A. Desrosiers
Street Address 501 Centerville Road	Street Address 501 Centerville Road
City Warwick State RI Zip 02886	City Warwick State RI Zip 02886
Secretary Name Mark A. Shaw	Treasurer Name Mark A. Shaw
Street Address 501 Centerville Road	Street Address 501 Centerville Road
City Warwick State RI Zip 02886	City Warwick State RI Zip 02886

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

Director Name H. Thomas Rowles	Director Name Matthew W. Galbraith
Street Address 501 Centerville Road	Street Address 501 Centerville Road
City Warwick State RI Zip 02886	City Warwick State RI Zip 02886
Director Name Milton C. Bickford, Jr.	Director Name
Street Address 501 Centerville Road	Street Address
City Warwick State RI Zip 02886	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMM	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



* 1 0 0 5 3 7 *

File Date: 1-7-99
Check No.: 43447
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] 12/30/98
Signature of Officer Date
Mark A. Shaw
Print or Type Name of Officer
Secretary/Treasurer