



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

Fee: \$50.00

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

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. ID No. 000869848

2. Exact Name of the Limited Liability Company LoanCare, LLC

3. State of Formation

State: VA

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.

522390

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THIRD-PARTY MORTGAGE SERVICING

5. Principal Office Address

No. and Street: 3637 SENTARA WAY

City or Town: VIRGINIA BEACH

State: VA

Zip: 23452

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: KELLY MCCARTHY Contact Title: MANAGER, STATE LICENSING-LEGISLATION

No. and Street: 3637 SENTARA WAY

ATTN: LEGAL/LICENSING DEPT.

City or Town: VIRGINIA BEACH

State: VA

Zip: 23452

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	W DAVID WORRALL JR	3637 SENTARA WAY VIRGINIA BEACH, VA 23452 US

MANAGER	ROBERT MURPHY COUCH	3637 SENTARA WAY VIRGINIA BEACH, VA 23452 USA
MANAGER	DAVID MICHAEL HOLLAND	1400 CHERRINGTON PARKWAY MOON TOWNSHIP, PA 15108 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 20 Day of September, 2019 at 3:27:52 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By WALTER DAVID WORRALL, BOARD MANAGER & PRESIDENT
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2019 State of Rhode Island and Providence Plantations
All Rights Reserved