s s			
	tate of Rhode Island and Pro Office of the Secreta		DNS Fee: \$50.00
HOPE	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615	
Limited Liability Com	pany		
Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>000799292</u>	2		
2. Exact Name of the Li	mited Liability Company <u>PARKSI</u>	DE LENDING, LLC	-
3. State of Formation			
State: <u>CA</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		/ the entity. Download
<u>531390</u>			
A Drief Description of th			
4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
4. Brief Description of th MORTGAGE LENDING		is Actually Conduct	ed in Rhode Island
	<u>3</u>	is Actually Conduct	ed in Rhode Island
MORTGAGE LENDING 5. Principal Office Addre No. and Street: 180	<u>G</u> ss ) <u>REDWOOD ST</u>	is Actually Conduct	ed in Rhode Island
MORTGAGE LENDING 5. Principal Office Addre No. and Street: 180 SU	<u>5</u> ss		ed in Rhode Island Country: <u>USA</u>
MORTGAGE LENDING 5. Principal Office Addre No. and Street: 180 SU City or Town: SA	<u>G</u> ss ) <u>REDWOOD ST</u> <u>ITE 250</u>	<u>A</u> Zip: <u>94102</u>	Country: <u>USA</u>
MORTGAGE LENDING         5. Principal Office Addre         No. and Street:       180         SUI         City or Town:       SA         6. Mailing Address of Line         Contact Name:       Contact         No. and Street:       180	G         ss         0 REDWOOD ST         ITE 250         N FRANCISCO         State: CA         mited Liability Company and Name	<u>A</u> Zip: <u>94102</u>	Country: <u>USA</u>
MORTGAGE LENDING 5. Principal Office Addre No. and Street: 180 SUI City or Town: SA 6. Mailing Address of Lin Contact Name: Contact No. and Street: 180 SUI	G         ss         O REDWOOD ST         ITE 250         N FRANCISCO         State: C/         mited Liability Company and Name         Title:         REDWOOD ST.	A Zip: <u>94102</u> or Title of Contact F	Country: <u>USA</u>
MORTGAGE LENDING 5. Principal Office Addre No. and Street: 180 SUI City or Town: SA 6. Mailing Address of Lin Contact Name: Contact No. and Street: 180 SUI City or Town: SAN	G         ss         ) REDWOOD ST         ITE 250         N FRANCISCO         State: CA         mited Liability Company and Name         Title:         REDWOOD ST.         TE 250         I FRANCISCO         State: C         Each Manager of the Limited Liab	<u>A</u> Zip: <u>94102</u> or Title of Contact F <u>A</u> Zip: <u>94102</u>	Country: <u>USA</u> Person: Country: <u>USA</u>
MORTGAGE LENDING         5. Principal Office Addre         No. and Street:       180         SUI         City or Town:       SA         6. Mailing Address of Lin         Contact Name:       Contact         No. and Street:       180         SUI       SUI         City or Town:       SA         City or Town:       SA         Totage and Street:       180         SUI       SUI         City or Town:       SAN	G         ss         ) REDWOOD ST         ITE 250         N FRANCISCO         State: CA         mited Liability Company and Name         Title:         REDWOOD ST.         TE 250         I FRANCISCO         State: C         Each Manager of the Limited Liab	A       Zip: 94102         or Title of Contact F         A       Zip: 94102         ility Company, if Ap	Country: <u>USA</u> Person: Country: <u>USA</u>

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

BUSINESS FILINGS INTERNATIONAL, INC. 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 21 Day of October, 2019 at 4:05:55 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 <u>MATTHEW OSTRANDER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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