

AMENDED



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

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 156645		2. Name of Corporation Home Title Guarantee Co.			
3. Street Address Principal Business Office ONE HOME LOAN PLAZA			City WARWICK	State RI	Zip 02886-
4. Business Phone No. 4012231700		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island EXAMINE TITLES TO REAL ESTATE					
7. NAMES AND ADDRESSES OF THE OFFICERS (*X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENT					
President Name KEVIN B. MURPHY			Vice President Name		
Street Address ONE HOME LOAN PLAZA			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Secretary Name BRIAN J. MURPHY			Treasurer Name BRIAN J. MURPHY		
Street Address ONE HOME LOAN PLAZA			Street Address ONE HOME LOAN PLAZA		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS (*X BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENT					
Director Name DANIEL A. MURPHY			Director Name		
Street Address ONE HOME LOAN PLAZA			Street Address		
City WARWICK	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (*X BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED (*X BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	\$200.00 PAR VALUE		5	COMMON	\$200.00

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2006 DEC -6 PM 1:35

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.



1 5 6 6 4 5

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
KEVIN B. MURPHY
Print or Type Name of Officer
PRESIDENT
Title of Officer

Date

12/3/06

156645 DBC 11/28/06 12:44:42 PM

File Date

FILED

Check No.

DEC 06 2006

By

By

FOR SECRETARY OF STATE USE ONLY

Form 630 12/05