



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

AMENDED

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 1991

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 date 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 ATTACHMENTS					
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 ATTACHMENTS					
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

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

156645 DBC 11/28/06 12:44:42 PM
File Date **FILED**
Check No. DEC 06 2006
By
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 Date 12/3/06
KEVIN B. MURPHY
Print or Type Name of Officer
PRESIDENT
Title of Officer
Form 630 12/05