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BUS SERVICES DIV

2020 FEB 27 P 12:46



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2016**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000143089		2. Exact name of the Corporation New Fed Mortgage Corp			
3. Principal Office Address 98 High St			City Danvers	State MA	Zip 01923
4. NAICS Code 522310		6. Brief description of the character of business conducted in Rhode Island Mortgage Lending			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brian DAMICO			Vice-President Name		
Street Address 98 High St			Street Address		
City Danvers	State MA	Zip 01923	City	State	Zip
Secretary Name Brian DAMICO			Treasurer Name		
Street Address 98 High St			Street Address		
City Danvers	State MA	Zip 01923	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brian DAMICO			Director Name		
Street Address 98 High St			Street Address		
City Danvers	State MA	Zip 01923	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SES	PAR VALUE
			15000		1.00
11. 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. 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.					
Name of Authorized Representative Brian DAMICO				Date 11/8/19	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

FEB 27 2020

BY M BJC59
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