



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2020 - Amended Corporation

2020 MAR 18 P 2:03 J.A.H.

- 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 000153042		2. Exact name of the Corporation Liberty Home Equity Solutions, Inc.	
3. Principal Office Address 10951 White Rock Road, Suite 100		City Rancho Cordova	State CA
		Zip 95670	
4. NAICS Code 522292	6. Brief description of the character of business conducted in Rhode Island Reverse Mortgage Lending		
5. State of Incorporation California			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael D. Kent		Vice-President Name	
Street Address 10951 White Road, Suite 100		Street Address	
City Rancho Cordova	State CA	Zip 95670	
Secretary Name Thomas K. Werder		Treasurer Name	
Street Address 10951 White Rock Road, Suite 100		Street Address	
City Rancho Cordova	State CA	Zip 95670	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Michael D. Kent		Director Name John V. Britti	
Street Address 10951 White Road, Suite 100		Street Address 1661 Worthington Road, Suite 100	
City Rancho Cordova	State CA	Zip 95670	City West Palm Beach
		State FL	Zip 33409
Director Name William R. Zwirner		Director Name	
Street Address 10951 White Rock Road, Suite 100		Street Address	
City Rancho Cordova	State CA	Zip 95670	
9. Shares Authorized 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.		10. Shares Issued	
		NUMBER OF SHARES	CLASS/SERIES
		40260	CNP
		PAR VALUE \$0.00	
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 Michael D. Kent, President			Date March 13, 2020
Signature of Authorized Representative 			

SIGN DOCUMENT HERE

FILED

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

MAR 18 2020

BY

2:03

FORM 630 - Revised: 10/2017



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

March 18, 2020 02:03 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

