



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

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BUS SVCS DIV

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

**Annual Report for the year: 2020 - Amended 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 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	City	State	Zip
Secretary Name Thomas K. Werder			Treasurer Name		
Street Address 10951 White Rock Road, Suite 100			Street Address		
City Rancho Cordova	State CA	Zip 95670	City	State	Zip
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	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		40260	CNP	\$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.					
<b>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.</b>					
Name of Authorized Representative Michael D. Kent, President					Date March 13, 2020
Signature of Authorized Representative 					SIGN DOCUMENT HERE <b>FILED</b>

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

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FORM 630 - Revised: 10/2017