



State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Limited Liability Company
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2019

1. ID No. 000359669

2. Exact Name of the Limited Liability Company ONE REVERSE MORTGAGE, LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

522310

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

REVERSE MORTGAGES

5. Principal Office Address

No. and Street: 660 WOODWARD AVENUE
5TH FLOOR

City or Town: DETROIT State: MI Zip: 48226 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DIANA TOBIN Contact Title: COMPANY LICENSING SPECIALIST

No. and Street: 660 WOODWARD AVENUE
5TH FLOOR

City or Town: DETROIT State: MI Zip: 48226 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	WILLIAM EMERSON	1050 WOODWARD AVENUE DETROIT, MI 48226 US

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

Signed this 13 Day of May, 2020 at 2:54:25 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JAY FARNER
Signature of Authorized Person

Form No. 632
Revised 09/07

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