



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 MAY 27 AM 8:35

STAMP

1. Entity ID Number 42427		2. Exact name of the Corporation General Commercial Mortgage Company			
3. Principal Office Address 140 Reservoir Avenue		City Providence		State RI	Zip 02907
4. NAICS Code 522110		6. Brief description of the character of business conducted in Rhode Island Commercial Mortgage Lending Title: 7-1.1-51			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donald S. Smith			Vice-President Name Donald S. Smith		
Street Address 38 Firglade Drive			Street Address 38 Firglade Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Donald S. Smith			Treasurer Name Donald S. Smith		
Street Address 38 Firglade Drive			Street Address 38 Firglade Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			200 No Par Value		
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. <i>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.</i>					
Name of Authorized Representative Donald S. Smith					Date May 19, 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.govMAY 27 2020
BY **08X95**
A.A. 8:36A.m.

FORM 630 - Revised: 10/2017