	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
148 W. River Street			
Providence RI 02904-2615 (401) 222-3040			
Limited Liability Com	~ /		
Annual Report			
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability com in thirty (30) days after the time presc		
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000541499</u>			
2. Exact Name of the Limited Liability Company <u>CORELOGIC SERVICES, LLC</u>			
3. State of Formation			
State: <u>DE</u>			
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.			
<u>561440</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rh	node Island
MORTGAGE SERVICI	NG SUPPORT		
5. Principal Office Addre	ss		
No. and Street:3001 HACKBERRY ROADCity or Town:IRVINGState:TXZip:75063Country:USA			
6. Mailing Address of Li	mited Liability Company and Name	e or Title of Contact Person:	
Contact Name: Contact Title:			
No. and Street: 40 PACIFICA AVENUE, SUITE 900			
City or Town: IRVINE		State: <u>CA</u> Zip: <u>92618</u> C	ountry: <u>USA</u>
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
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of October, 2020 at 9:39:50 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 DAVID R. HAYES

Signature of Authorized Person

Form No. 632 Revised 09/07

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