RI SOS Filing Number: 202073221120 Date: 11/4/2020 4:00:00 PM



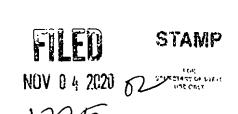
Annual Report for the year: 2020 Limited Liability Company

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- Filing period: September 1 - November 1

- Filing Fee: \$50.00

- Penalty: Additional \$25.00 fee if form is not filed by December 1.



Entity ID Number	Exact name of the Limited Liability Company				
665477	Mortgage Default Services, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
531390					
	Real Estate Holding				
5. State of Formation					
RI					
6. Principal Office Address	<u> </u>		City	State	Zip
178 Broadway			Providence	RI	2903
7. Mailing Address of Limited Lia	ibility Compan	y and Name or Tit	le of Contact Person		. . I
Contact Name			Contact Title		
Michael Riley			Authorized Representative		
Street Address	-		City	State	Zip
178 Broadway			Providence	RI	2903
8. List ALL managers (names ar	id addresses)	of the Limited Lia	bility Company, IF APPL	ICABLE - DO NOT LI	ST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name		· · · · · · · · · · · · · · · · · · ·	Manager Name		
Street Address			Street Address		
City	State	zip	City	State	Zip
		-	•	Check the box	to indicate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I de statements, and that all sta	<i>clare</i> arid <i>affi</i> tements <i>con</i> :	i <mark>rm that I have ex</mark> tained herein ar	amined this report, inclue true and correct.	ding any accompanyin	g schedules and
Name of Authorized Person				Date	-
By: Michael J. Riley Its Authorized Representative					OCT 3 U SUSO
Signature of Authorized Person SIGN DOCUMENT THERE					

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov