



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |              |   |   |              |              |
|--|--------------|---|---|--------------|--------------|
| 1. Corporate ID No.<br>132188  |              | 2. Name of Corporation<br>Poli Mortgage Group, Inc. |   |              |              |
| 3. Street Address: Principal Business Office<br>1400 Boston-Providence Tpt   |              | City<br>Norwood                                     |   | State<br>MA  | Zip<br>02062 |
| 4. Business Phone No.<br>781-801-1400  |              | 5. State of Incorporation<br>MASSACHUSETTS          |   |              | 6. SIC Code  |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>MORTGAGE BROKER                                     |              |   |   |              |              |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |   |   |              |              |
| President Name<br>Edmund L. Poli   |              |   | Vice President Name<br>Chris Poli                                   |              |              |
| Street Address<br>10 Kettlepond Drive  |              |   | Street Address<br>25 Crosswoods Path                                |              |              |
| City<br>Medfield   | State<br>MA  | Zip<br>02052  | City<br>Walpole   | State<br>MA  | Zip<br>02081 |
| Secretary Name   |              |   | Treasurer Name  |              |              |
| Street Address   |              |   | Street Address  |              |              |
| City   | State        | Zip   | City  | State        | Zip          |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |   |   |              |              |
| Director Name<br>None  |              |   | Director Name<br>None   |              |              |
| Street Address   |              |   | Street Address  |              |              |
| City   | State        | Zip   | City  | State        | Zip          |
| Director Name  |              |   | Director Name   |              |              |
| Street Address   |              |   | Street Address  |              |              |
| City   | State        | Zip   | City  | State        | Zip          |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |              |   | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |              |
| AUTHORIZED SHARES<br>None  |              |   | ISSUED SHARES<br>None   |              |              |
| Number of Shares   | Class/Series | Par Value   | Number of Shares  | Class/Series | Par Value    |
| 200,000 COMM NO PAR VALUE  |              |   |   |              |              |
|  |              |   |   |              |              |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*132188\*

|                                 |        |
|---------------------------------|--------|
| File Date                       | 2-1-05 |
| Check No.                       | 7426   |
| By:                             | 2      |
| FOR SECRETARY OF STATE USE ONLY |        |

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.

Signature of Officer

Date

Edmund L. Poli

Print or Type Name of Officer

President

Title of Officer



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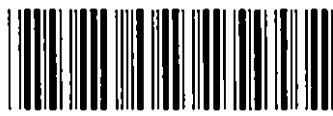
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|--|--------------|---|--------------------------------------|--------------|--------------|
| 1. Corporate ID No.<br>132188  |              | 2. Name of Corporation<br>Poli Mortgage Group, Inc. |                                      |              |              |
| 3. Street Address Principal Business Office<br>15-19 Crawford Street   |              | City<br>Needham                                     | State<br>MA                          | Zip<br>02494 |              |
| 4. Business Phone No.<br>781-901-1400  |              | 5. State of Incorporation<br>MASSACHUSETTS          |                                      | 6. SIC Code  |              |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>MORTGAGE BROKER                                     |              |   |                                      |              |              |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |   |                                      |              |              |
| President Name<br>Edmund L. Poli, III  |              |   | Vice President Name<br>Chris Poli    |              |              |
| Street Address<br>10 Kettlepond Way  |              |   | Street Address<br>25 Crosswoods Path |              |              |
| City<br>Medfield   | State<br>MA  | Zip<br>02052  | City<br>Walpole                      | State<br>MA  | Zip<br>02081 |
| Secretary Name<br>NONE   |              |   | Treasurer Name<br>NONE               |              |              |
| Street Address   |              |   | Street Address<br>NONE               |              |              |
| City   | State        | Zip   | City                                 | State        | Zip          |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |   |                                      |              |              |
| Director Name<br>Edmund L. Poli  |              |   | Director Name<br>None                |              |              |
| Street Address<br>10 Kettlepond Way  |              |   | Street Address                       |              |              |
| City<br>Medfield   | State<br>MA  | Zip<br>02052  | City                                 | State        | Zip          |
| Director Name<br>None  |              |   | Director Name<br>None                |              |              |
| Street Address   |              |   | Street Address                       |              |              |
| City   | State        | Zip   | City                                 | State        | Zip          |
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| AUTHORIZED SHARES  |              |   |                                      |              |              |
| Number of Shares   | Class/Series | Par Value   | Number of Shares                     | Class/Series | Par Value    |
| 200,000 COMM NO PAR VALUE  |              |   |                                      |              |              |
| 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |              |   |                                      |              |              |
| ISSUED SHARES<br>NONE  |              |   |                                      |              |              |
| Number of Shares   |              | Class/Series  | Par Value                            |              |              |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 3 2 1 8 8 \*

File Date **RECEIVED**  
Check No. **JAN 06 2004**  
By: **YAD** **S316**  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer   
Date 1/5/04  
Print or Type Name of Officer **Edmund L. Poli, III**  
Title of Officer **President**