



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. 127796		2. Name of Corporation New England Regional Mortgage Corporation			
3. Street Address (Principal Business Office) 90 Stiles Road, Suite 201		City Salem		State NH	Zip 03079
4. Business Phone No. 603-894-1230		5. State of Incorporation NEW HAMPSHIRE			6. SIC Code 6148
7. Brief Description of the Character of Business Conducted in Rhode Island MORTGAGE LENDING					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nancy M. Nobile			Vice President Name N/A		
Street Address 1038 Ocean Boulevard			Street Address		
City Hampton	State NH	Zip 03842	City	State	Zip
Secretary Name Same			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 N/A			Director Name N/A		
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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400,000 COMM NO PAR VALUE			NONE		

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



File Date	6/23/05
Check No.	17558
By:	DA
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: Nancy Nobile Date: 3/1/05
Print or Type Name of Officer: Nancy Nobile
Title of Officer: President



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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 127796		2. Name of Corporation New England Regional Mortgage Corporation			
3. Street Address Principal Business Office 90 Stiles Rd Suite 201		City Salem		State NH	Zip 03079
4. Business Phone No. 603-894-1230		5. State of Incorporation New Hampshire			6. SIC Code 6148
7. Brief Description of the Character of Business Conducted in Rhode Island Mortgage Loans					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nancy M. Nobile		Vice President Name			
Street Address 214 West Shore Ave.		Street Address			
City Manchester	State NH	Zip 03109	City	State	Zip
Secretary Name Nancy M. Nobile		Treasurer Name Nancy M. Nobile			
Street Address 214 West Shore Ave.		Street Address 214 West Shore Ave.			
City Manchester	State NH	Zip 03079	City Manchester	State NH	Zip 03109
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nancy M. Nobile		Director Name			
Street Address 214 West Shore Ave.		Street Address			
City Manchester	State NH	Zip 03109	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			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400,000	COMM NO PAR VALUE		NONE		

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

FILED

File Date APR 23 2004

Check No. BY 289 29 GMA

By: _____

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.

Nancy Nobile
Signature of Officer Date
NANCY NOBILE
Print or Type Name of Officer
PRESIDENT
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 127796 2. Name of Corporation New England Regional Mortgage Corporation
3. Street Address Principal Business Office 90 Stiles Road, Suite 201 City Salem State NH Zip 03079
4. Business Phone No. 603-894-1230 5. State of Incorporation NEW HAMPSHIRE 6. SIC Code 6148
7. Brief Description of the Character of Business Conducted in Rhode Island mortgage loans

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Nancy M. Nobile Vice President Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Secretary Name Nancy M. Nobile Treasurer Name Nancy M. Nobile
Street Address 214 West Shore Ave. Street Address 214 West Shore Ave.
City Manchester State NH Zip 03109 City Manchester State NH Zip 03109

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Nancy M. Nobile Director Name _____
Street Address 214 West Shore Ave. Street Address _____
City Manchester State NH Zip 03109 City _____ State _____ Zip _____
Director Name _____ Director Name _____
Street Address _____ Street Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
400,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
none

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



* 1 2 7 7 9 6 *

File Date: 1-16-03

Check No.: 15659

By: [Signature]

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.

Nancy M. Nobile 1-13-03
Signature of Officer Date

Nancy M. Nobile
Print or Type Name of Officer

President
Title of Officer