

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 CORPO Filing Period: January 1 -4 (FORM MUST BE TYPED OR PR	March I • Fill	NUAL REPOI ng Fee: \$50.00	RT FOR THE YEA	AR20	05	
1. Corporate ID No.	2. Name of Corporation			-		
127796	1	,,, Regional Mortgage Co	rporation			
3. Street Address Principal Busing	Office)	201	Salem	State of	03079	
4. Bustness Phone No. 603-894-1	1230	5. State of Incorporation NEW HAMPSH			6. SIC Code 6148	
7. Brief Description of the Characte MORTGAGE LENDING	r of Business Conducted in	i Rhode Island		-	1	
8. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR AT	TACHMENT) □ FILĪ IN	SPACES REPORE USI	NG ATTACHMENTS	
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name			
- Manay M	novele		N/A			
Sirver Address 10 28 Aco	20 Bono	con d	Street Address			
City of Land	State	Zip O C L	City	State	Zip	
Hampton	1),~	103842	•••••			
Samo			Treasure issure			
Street Address			Street Address			
	· · · · · · · · · · · · · · · · · · ·					
City	State	Zip	City	State	Ζφ	
9. NAMES AND ADDRESSE Director Name Street Address	S OF THE DIRECTO	RS: ("X" BOX FOR A	Director Name Street Address	IN SPACES BEFORE US	SING ATTACHMENTS	
City	State	Zip	City	State	Zip	_
Director Name	. J	<u> </u>	Director Name	1		•••
			Director Name			
Street Address			Street Address	-		
City	State	Zip	City	State	Zip	┫
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED	 ("X" BOX FOR ATTAC	HMENT)	
Number of Shan's	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	\Box
400,000 COMM NO PAR VALUE			NONE			
						ļ
This report must be	signed in ink by cith	her the President, Vice	President, Secretary, Assist	ant Secretary, Treasurer	. Receiver or Trustee	
1	 					
{ 					that I have examined this relatements, and that all statem	
10/22	105		contained herein an		_1 1 _ ~	
File Date	,,,,,		Signature of Officer	nouse	3/102	
Check No 7558			NANCH	Notile	Date	
ву:	<i>B</i>		Print Type Name	of Officer		_
FOR SECRETARY OF STATE USE ONLY			<u>tresident</u>			
		_	Title of Officer			



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $oldsymbol{\bot}$

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 127796 New England Regional Mortgage Corporation 3. Street Address Principal Business Office City 90 Stiles Rd Suite 201 03079 Salem NH 5. State of Incorporation 6. SIC Code 4. Business Phone No. 6148 603-894-1230 New_Hampshire

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 Vice President Name Nancy M. Nobile Street Address Street Address 214 West Shore Ave. City City State State Manchester ...! 1..031.09. Secretary Name Treasurer Name Nancy M. Nobile Nancy M. Street Address 214 West Shore 214 West ^{City}Manchester State Zip 03079 Manchester NH 03109 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Nancy M. Nobile Street Address Street Address 214 West Shore Ave. City State State Manchester NH 03109 Director Name Director Name Street Address Street Address City Zip City State State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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 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. File Date Signatu Check No.

NO) PC

FOR SECRETARY OF STATE USE ONLY



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 _ Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 127796 New England Regional Mortgage Corporation State 3. Street Address Principal Business Office Salem 03079 NH 90 Stiles Koad Suite 201 6. SIC Code 5. State of Incorporation 4. Business Phone No. 603.894.1230 **NEW HAMPSHIRE** 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 Vice President Name Nancy M. Nobile Street Address Street Address 214 West Shore ave. State ZID City 03109 ИH Manchester Treasurer Name Secretary Name Nancy M. Nobile M. Nobile Nancy West Shore ave. 214 West Shore ave. City 03109 NH 03109 Manchester Manchester 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Nancy M. Nobile Street Address Shore ave. Zio City 03109 Manchester Director Name Director Name Street Address Street Address Zip City State City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ISSUED SHARES

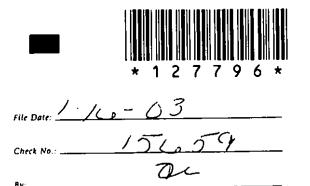
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Par Value

Number of Shares

none

- S



Class/Series

AUTHORIZED SHARES

400,000 COMM NO PAR VALUE

FOR SECRETARY OF STATE USE ONLY

Number of Shares

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.

Class/Series

mucu hi nopile	1.13.03
Signature of Officer	Date
Nancy M. Nobile	
Print or Type Name of Officer	

Title of Officer Farm 630 12/02

Par Value