State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
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1. Entity ID Number	2. Exact name of the Corporation		
000139887	Contemporary Title Solutions		
3. Principal Office Address	**City**	**State**	**Zip**
103 W. McDermott Drive, Suite 100	Allen	TX	75013
4. NAICS Code	**6. Brief description of the character of business conducted in Rhode Island**		
524210	Title Insurance		
5. State of Incorporation			
TX			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Mark Walker	
Street Address	**Street Address**
103 W. McDermott Drive, Suite 100	
City: Allen / State: TX / Zip: 75013	City / State / Zip
Secretary Name	**Treasurer Name**
Street Address	**Street Address**
City / State / Zip	City / State / Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	**Street Address**
City / State / Zip	City / State / Zip
Director Name	**Director Name**
Street Address	**Street Address**
City / State / Zip	City / State / Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000	Common	$1

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

Name of Authorized Representative	Date
Mark Walker	January 25, 2021

Signature of Authorized Representative

FILED
JAN 25 2021
BY: GG7RS

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020

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