



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Limited Liability Company  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 000359669

**2. Exact Name of the Limited Liability Company** ONE REVERSE MORTGAGE, LLC

**3. State of Formation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

522310

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

REVERSE MORTGAGES

**5. Principal Office Address**

No. and Street: 660 WOODWARD AVENUE  
SUITE 1527

City or Town: DETROIT

State: MI

Zip: 48226

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: TAYLOR WERTZ Contact Title: COMPANY LICENSING SPECIALIST

No. and Street: 660 WOODWARD AVENUE  
SUITE 1527

City or Town: DETROIT

State: MI

Zip: 48226

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title   | Individual Name             | Address                                         |
|---------|-----------------------------|-------------------------------------------------|
|         | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |
| MANAGER | WILLIAM EMERSON             | 1050 WOODWARD AVENUE<br>DETROIT, MI 48226 US    |

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**Signed this 17 Day of February, 2021 at 10:32:40 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JAY FARNER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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