



State of Rhode Island and Providence Plantations

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.

FILED**FEB 19 2021**

BY

60321

1. Entity ID Number 51282		2. Exact name of the Corporation OMEGA FINANCIAL CORP.			
3. Principal Office Address 100 Midway Road, Suite 19			City Cranston	State RI	Zip 02920
4. NAICS Code 52 2291		6. Brief description of the character of business conducted in Rhode Island Making first and second mortgage loans			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Louis A. Regnier			Vice-President Name Mark Marcus		
Street Address 100 Midway Road, Suite 19			Street Address 100 Midway Road, Suite 19		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Tamara Wilson			Treasurer Name Mark Marcus		
Street Address 100 Midway Road, Suite 19			Street Address 100 Midway Road, Suite 19		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Louis A. Regnier			Director Name		
Street Address 100 Midway Road, Suite 19			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 100	CLASS/SERIES COMMON	PAR VALUE NONE
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 Mark Marcus				Date 2/12/21	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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