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 a

1. Entity ID Number	2. Exact name of the Corporation		
51282	OMEGA FINANCIAL CORP.		
3. Principal Office Address	City	State	Zip
100 Midway Road, Suite 19	Cranston	RI	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 — 10. Shares Issued — Check the box to indicate an attachment ☐

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

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	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	Date
Mark Marcus	2/12/21

Signature of Authorized Representative: [signature] SIGN DOCUMENT HERE

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: 10/2017