



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

STAMP
 MAR 3 2021
 BY *[Signature]* 250.00
DEPT. OF STATE
 CIVIL DIV.

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

1. Entity ID Number 000042427		2. Exact name of the Corporation General Commercial Mortgage Company			
3. Principal Office Address 140 Reservoir Avenue			City Providence	State RI	Zip 02907
4. NAICS Code 522110		6. Brief description of the character of business conducted in Rhode Island Commercial Mortgage Lending Title 7-1.1-51			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donald S. Smith			Vice-President Name Donald S. Smith		
Street Address 38 Firglade Drive			Street Address 38 Firglade Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Donald S. Smith			Treasurer Name Donald S. Smith		
Street Address 38 Firglade Drive			Street Address 38 Firglade Drive		
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 <input type="checkbox"/>					
Director Name None			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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			200		No Par Value
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. <i>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.</i>					
Name of Authorized Representative Donald S. Smith				Date February 25, 2021	
Signature of Authorized Representative <i>[Signature]</i>					