RI SOS Filing Number: 202195627950 Date: 4/9/2021 4:00:00 PM

State of Rhode Island Department of State - Business Services Division					FILED			
Annual Report for the ye	_	APR 0.9 2021						
 → Filing period: January 1 - I → Filing Fee: \$50.00 → Penalty. Additional \$25.00 			BY	<u>Q</u>	(B		
1 Entity ID Number	2. Exact name of the Corporation							
001680822	PEOPLES HOME LOANS, INC.							
Principal Office Address	City State Zip							
247 Main Street			East Gre	East Greenwich RI				02818
4. NAICS Code	6. Brief descrip	6. Brief description of the character of business conducted in Rhode Island						1000,0
522310	Modage B	leakara						
5. State of Incorporation	- Mortgage 6	Mortgage Brokers						
Rhode Island								
7. List ALL officers (names and ac	ddresses)				Check th	e box to ir	idicate a	an attachment 🔲
President Name Ronald A. Ricci	Vice-President Name							
Street Address 28 Jane Street			Street Address					
City North Providence	State RI	Zip 02904	City			State		Zıp
Secretary Name	Treasurer Name							
Street Address			Street Address					
City	State	Zip	City		 -	State		Zip
8. List ALL directors (names and a	addresses)				Check th	ne box to ir	ndicate a	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	Zıp	City	······································		State		Zıp
9. Shares Authorized	-	10. Shares Issu	ued			ne box to ir	ndicate a	an attachment 🔲
This information is currently of record in the Department of State. Changes require an additional filing.		8,000	SHARES	CWP CLASS/SERIES			\$.01	
11 This report must be executed trustee, this report must be execu	on behalf of the cuted on behalf of t	corporation by an a	uthorized repre	1 sentative. If th rustee.	ne corpora	ation is in t	he hand	ds of a receiver or
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and								
Name of Authorized Representative					Date			
Ronald A. Ricci								
Signature of Authorized Redresementive								

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov