State of Rhode Islan Department of		ness Services	Division	FILED					
Annual Report for the Corporation → Filing period: January → Filing Fee: \$50.00 → Penalty. Additional \$25	1 - March 1		APR 0.9 2021 BY						
Entity ID Number	2. Exact na	2. Exact name of the Corporation							
001680822	PEOPLE	PEOPLES HOME LOANS, INC.							
3. Principal Office Address			City	State	Zip				
247 Main Street			East Greenwich	RI	02818				
4. NAICS Code	6. Brief des	cription of the chara	icter of business conducted in Rho	ode Island	· · · · · · · · · · · · · · · · · · ·				
522310 5. State of Incorporation	Mortgage	Mortgage Brokers .							
Rhode Island									
7. List ALL officers (names ar	nd addresses)		CI	neck the box to ind	icate 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	ISlate	Zio				

Secretary Name	Treasurer Nar	Treasurer Name						
Street Address	Street Address							
City	State	Zip	City	City		Zip		
8. List ALL directors (names and ad	dresses)		<u> </u>	Chec	k the box to	indicate an attachi	ment 🗀	
Director Name	Director Name							
Street Address	Street Address							
City	State	Zip	City	City		Zip		
Director Name	Director Name							
Street Address	Street Address							
City	State	Zip	City	City		Zıp		
9. Shares Authorized		10. Shares Is:	10. Shares Issued		k the box to	indicate an attachi	nent 🔲	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES			CLASS/SERIES PAR VALUE			
		8,000		CWP		\$.01		
11 This report must be executed o trustee, this report must be execute	ed on behalf of t	he corporation by	the receiver or t	rustee.			eiver or	
Under penalty of perjury, I declai statements, and that all statemen	nts contained l	nat I have examir herein are true ai	ned this report, i nd correct.	including any acco	ompanying s	chedules and		
Name of Authorized Representative						Date		
Ronald A. Ricci						4-1-21		
Signature of Authorized Redresent	tive	2	<u>-</u> .					
	<u> </u>		<u> </u>					
MAIL TO:								

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos ri.gov