



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

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

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2021 APR 28 A 10:25

1. Entity ID Number 000796630		2. Exact name of the Corporation American Nationwide Mortgage Company, Inc			
3. Principal Office Address 3820 Northdale Blvd Ste 111A			City Tampa	State FL	Zip 33624
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island Mortgage Lending			
5. State of Incorporation FL					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James B Rogers			Vice-President Name Edward Rogers		
Street Address 12102 Marblehead Dr			Street Address 4450 Lavender Dr		
City Tampa	State FL	Zip 33626	City Palm Harbor	State FL	Zip 34685
Secretary Name James B Rogers			Treasurer Name James B Rogers		
Street Address 12102 Marblehead Dr			Street Address 12102 Marblehead Dr		
City Tampa	State FL	Zip 33626	City Tampa	State FL	Zip 33626
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name James B Rogers			Director Name Edward Rogers		
Street Address 12102 Marblehead Dr			Street Address 4450 Lavender Dr		
City Tampa	State FL	Zip 33626	City Palm Harbor	State FL	Zip 34685
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
			100,000.00	CWP	\$1.00
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 James B Rogers				Date 4/27/2021	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY *cu FSZSN* FORM 630 - Revised: 08/2020
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