



State of Rhode Island

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.

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2021 MAY 17 PM 3:48

1. Entity ID Number 000143507		2. Exact name of the Corporation Ross Mortgage Company, Inc.			
3. Principal Office Address 115 Flanders Road, Suite 120			City Westborough	State MA	Zip 01581
4. NAICS Code 522291		6. Brief description of the character of business conducted in Rhode Island Residential Mortgage Lending			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert J. Kalagher			Vice-President Name None		
Street Address 11 Cider Circle			Street Address		
City Bolton	State MA	Zip 01740	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert J. Kalagher			Director Name Jessica Leigh Kalagher		
Street Address 11 Cider Circle			Street Address 11 Cider Circle		
City Bolton	State MA	Zip 01740	City Bolton	State MA	Zip 01740
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			None	None	None
			None	None	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 Robert J. Kalagher				Date 5/17/21	
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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FORM 630 - Revised: 08/2020

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