RI SOS Filing Number: 202196677990 Date: 5/17/2021 3:51:00 PM

State of Rhode Island
**Department of State - Business Services Division**

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**Annual Report for the year: 2018**
**Corporation**

→ 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 | 2. Exact name of the Corporation |
|---|---|
| 000143507 | Ross Mortgage Company, Inc. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 115 Flanders Road, Suite 120 | Westborough | MA | 01581 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 522291 | Residential Mortgage Lending |
| 5. State of Incorporation | |
| MA | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| Robert J. Kalagher | 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 ☐

| Director Name | Director Name |
|---|---|
| Robert J. Kalagher | None |
| Street Address: 11 Cider Circle | Street Address: |
| City: Bolton / State: MA / Zip: 01740 | City: / State: / Zip: |
| Director Name: None | Director Name: None |
| Street Address: | Street Address: |
| City: / State: / Zip: | City: / State: / Zip: |

9. Shares Authorized

**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 ☐

| 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 | Date |
|---|---|
| Robert J. Kalagher | 5/17/21 |

Signature of Authorized Representative

Filed 3:51

MAY 17 2021

BY

FORM 630 - Revised: 08/2020

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