



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2016**

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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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 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 <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