State of Rhode Island and Providence Plantations

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
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BUS SVCS DIV
2021 JUL 28 A 11:55

1. Entity ID Number	2. Exact name of the Corporation
001680278	Homespire Mortgage Corporation

3. Principal Office Address	City	State	Zip
9711 Washington Blvd., SUITE 500	Gaithersburg	MD	20878

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
522310	Independent Mortgage Lending Company
5. State of Incorporation: Maryland	

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

President Name: Michael J Rappaport	Vice-President Name: William Napier
Street Address: 9711 Washingtonian Blvd., SUITE 500	Street Address: 9711 Washingtonian Blvd., SUITE 500
City: Gaithersburg State: MD Zip: 20878	City: Gaithersburg State: MD Zip: 20878
Secretary Name: William Napier	Treasurer Name: William Napier
Street Address: 9711 Washingtonian Blvd.	Street Address: 9411 Washingtonian Blvd.
City: Gaithersburg State: Zip: 20878	City: Gaithersburg State: MD Zip: 20878

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

Director Name: Michael J Rappaport	Director Name:
Street Address: 9711 Washington Blvd., SUITE 500	Street Address:
City: Gaithersburg State: MD Zip: 20878	City: State: Zip:
Director Name:	Director Name:
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
10,000	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	Date
William Napier	01/26/2021

FILED

Signature of Authorized Representative: William Napier

JUL 28 2021

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

FORM 630 - Revised: 10/2017