State of Rhode Island
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001338307

2. Exact Name of the Limited Liability Company HARBORONE MORTGAGE, LLC

3. State of Formation

State: MA

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

522292

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

NON DEPOSITORY MORTAGE LENDING

5. Principal Office Address

No. and Street: 650 ELM ST
SUITE 600
City or Town: MANCHESTER State: NH Zip: 03101 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: TINA NILES Contact Title: SENIOR COMPLIANCE & RISK ANALYST
No. and Street: 650 ELM ST
SUITE 600
City or Town: MANCHESTER State: NH Zip: 03101 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	CAMILLE MADDEN	650 ELM STREET SUITE 600

		MANCHESTER, NH 03101 USA
MANAGER	TIMOTHY BOYLE	650 ELM STREET SUITE 600 MANCHESTER, NH 03101 USA
MANAGER	JAMES W BLAKE	770 OAK STREET BROCKTON, MA 02303 USA
MANAGER	JOSEPH CASEY	770 OAK STREET BROCKTON, MA 02303 USA
MANAGER	LINDA SIMMONS	770 OAK STREET BROCKTON, MA 02303 USA
MANAGER	SCOTT SANBORN	770 OAK ST BROCKTON, MA 02301 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 17 Day of August, 2021 at 12:40:57 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JASON SWANSON
Signature of Authorized Person

Form No. 632
Revised 09/07