

State of Rhode Island

Department of State - Business Services Division

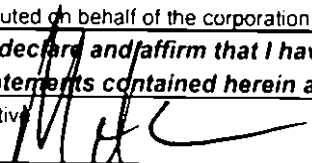
Annual Report for the year: 2021  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2021 OCT 19 PM 12:51

1. Entity ID Number 001664580		2. Exact name of the Corporation CHURCHILL MORTGAGE CORPORATION			
3. Principal Office Address 1749 MALLORY LANE, STE 100			City BRENTWOOD	State TN	Zip 37027
4. NAICS Code 522300		6. Brief description of the character of business conducted in Rhode Island REAL ESTATE LOAN BROKERAG			
5. State of Incorporation TN					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
President Name I.H. HARDWICK			Vice-President Name		
Street Address 4019 FLAGSTONE COURT			Street Address		
City FRANKLIN	State TN	Zip 37069-6227	City	State	Zip
Secretary Name DOUGLAS W. WALKER			Treasurer Name MATTHEW CLARKE		
Street Address 7151 BIG OAK ROAD			Street Address 2870 SANFORD ROAD		
City NOLENSVILLE	State TN	Zip 37135	City NOLENSVILLE	State TN	Zip 37135
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment</span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			1		
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 10-5-21
Signature of Authorized Representative MATTHEW CLARKE					

FILED

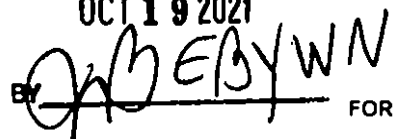
## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

OCT 19 2021  
BY  EBYWN