



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **2021**

## Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

|   |       |  |                 |                   |              |
|---|-------|--|-----------------|-------------------|--------------|
| 1. Entity ID Number<br><b>001692401</b>   |       | 2. Exact name of the Limited Liability Company<br><b>Nationwide Mortgage, LLC</b>                  |                 |                   |              |
| 3. NAICS Code<br>523900   |       | 4. Brief description of the character of business conducted in Rhode Island<br><br>Mortgage broker |                 |                   |              |
| 5. State of Formation<br>RI   |       |  |                 |                   |              |
| 6. Principal Office Address<br>840 George Washington Highway  |       |  | City<br>Lincoln | State<br>RI       | Zip<br>02865 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                 |                   |              |
| Contact Name<br>Jaime DeSousa   |       |  | Contact Title   |                   |              |
| Street Address<br>640 George Washington Highway   |       |  | City<br>Lincoln | State<br>RI       | Zip<br>02865 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |  |                 |                   |              |
| Manager Name  |       |  | Manager Name    |                   |              |
| Street Address  |       |  | Street Address  |                   |              |
| City  | State | Zip  | City            | State             | Zip          |
| Manager Name  |       |  | Manager Name    |                   |              |
| Street Address  |       |  | Street Address  |                   |              |
| City  | State | Zip  | City            | State             | Zip          |
| Check the box to indicate an attachment <input type="checkbox"/>  |       |  |                 |                   |              |
| 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.   |       |  |                 |                   |              |
| <i>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.</i> |       |  |                 |                   |              |
| Name of Authorized Person<br>Jaime DeSousa  |       |  |                 | Date<br>✓ 11/3/21 |              |
| Signature of Authorized Person<br>  |       |  |                 |                   |              |

## MAIL TO:

Division of Business Services

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