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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.

A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the character of business conducted in Rhode Island A Brief description of the Chiral Business conducted in Rhode Island A Brief Address A Brief description of the Chiral Business conducted in Rhode Island A Brief Address	1. Entity ID Number		2. Exact name of the Limited Liability Company				
5. State of Formation RI 6. Principal Office Address 840 George Washington Highway Lincoln RI 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Jaime DeSousa Street Address 640 George Washington Highway City Lincoln State RI Zip 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 City State Zip City State Zip Manager Name Street Address City State Zip City State Zip City State Zip City State Zip Check the box to indicate an attachme 9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. 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 Person	001692401	Nationv	Nationwide Mortgage, LLC				
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					ing any accompanyir	ng schedules and	
I Jaime De Sousa							
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Signature of Authorized Person	Signature of Authorized Pe	ræon					

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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