



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
STAMP
FEB 02 2022
BY 502

1. Entity ID Number 000113672		2. Exact name of the Corporation Sanborn Mortgage Corporation												
3. Principal Office Address 35 North Main Street			City West Hartford	State CT	Zip 06107									
4. NAICS Code 522310		6. Brief description of the character of business conducted in Rhode Island Mortgage Lending for Rhode Island Properties												
5. State of Incorporation CT														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Michael E. Menatian			Vice-President Name None											
Street Address 150 Steele Road			Street Address											
City West Hartford	State CT	Zip 06107	City	State	Zip									
Secretary Name Erin Menatian			Treasurer Name											
Street Address 150 Steele Road			Street Address											
City West Hartford	State CT	Zip 06119	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name None			Director Name None											
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 Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	0.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	CNP	0.00												
Changes require an additional filing.														
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 Michael E. Menatian <u>Michael E. Menatian</u>				Date 1/28/2022 <u>1/28/2022</u>										
Signature of Authorized Representative <u>Michael E. Menatian</u>														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov