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

1. Entity ID Number	2. Exact name of the Corporation		
000113672	Sanborn Mortgage Corporation		
3. Principal Office Address	City	State	Zip
35 North Main Street	West Hartford	CT	06107
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
522310	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 ☐

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 ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	CNP	0.00

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
Michael E. Menatian Michael E. Menatian	1/28/2022 1/28/2022

Signature of Authorized Representative

Michael E.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021