



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2020**

## Corporation

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2022 JUN -9 P 12:15

1. Entity ID Number <b>000796152</b>		2. Exact name of the Corporation <b>South Shore Mortgage Inc.</b>	
3. Principal Office Address <b>167 WASHINGTON STREET</b>		City <b>NORWELL</b>	State <b>MA</b>
		Zip <b>02061</b>	
4. NAICS Code <b>522310</b>	6. Brief description of the character of business conducted in Rhode Island <b>Mortgage and Nonmortgage Loan Brokers</b>		
5. State of Incorporation <b>MA</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Mary Hackett</b>		Vice-President Name	
Street Address <b>46 Edith Holmes Drive</b>		Street Address	
City <b>Scituate</b>	State <b>MA</b>	Zip <b>02066</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Mary Hackett</b>		Director Name	
Street Address <b>46 Edith Holmes Drive</b>		Street Address	
City <b>Scituate</b>	State <b>MA</b>	Zip <b>02066</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERIES PAR VALUE	
Changes require an additional filing.		<b>100</b>	<b>STK \$0.0000</b>
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 <b>Mary Hackett</b>		Date <b>12/2/2021</b>	
Signature of Authorized Representative <i>Mary Hackett</i>		SIGN DOCUMENT HERE <b>FILED</b>	

## MAIL TO:

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

JUN 09 2022 12:15  
 BY *JPB* *DB*  
 FORM 630 - Revised: 10/2017