



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
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 PM 12:13

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

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

FILED

JUN 09 2022 FORM 630 - Revised: 10/2017

BY

JBX/B