



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

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 27 2023

BY 2858

R OF STATE
DPY

1. Entity ID Number 000042427		2. Exact name of the Corporation GENERAL COMMERCIAL MORTGAGE COMPANY			
3. Principal Office Address 140 RESERVOIR AVENUE		City Providence		State RI	Zip 02907
4. NAICS Code 522110		6. Brief description of the character of business conducted in Rhode Island Commercial Mortgage Lending Title 7 - 1.1 - 51			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donald S. Smith			Vice-President Name Donald S. Smith		
Street Address 38 Firglade Drive			Street Address 38 Firglade Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Donald S. Smith			Treasurer Name Donald S. Smith		
Street Address 38 Firglade Drive			Street Address 38 Firglade Drive		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES		
			CLASS/SHARES		
			200	Common	No 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 Donald S. Smith					Date 2/16/23
Signature of Authorized Representative 					

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: 2/2023