



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Limited Liability Company

522291

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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

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|---|--|--|-----------------------|
| 1. Entity ID Number <u>1000025</u> | | 2. Exact name of the Limited Liability Company <u>MCN Mortgage Company, LLC</u> | |
| 3. NAICS Code <u>522291</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>We issue construction mortgages.</u> | |
| 5. State of Formation <u>RI</u> | | | |
| 6. Principal Office Address <u>11 Timothy Drive</u> | | City <u>Westerly</u> | State <u>RI</u> |
| Zip <u>02891</u> | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name <u>A Michael Slosberg</u> | | Contact Title <u>Mgr</u> | |
| Street Address <u>11 Timothy Drive</u> | | City <u>Westerly</u> | State <u>RI</u> |
| Zip <u>02891</u> | | | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | |
| <i>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.</i> | | | |
| Name of Authorized Person <u>A M Slosberg</u> | | | Date <u>3/2/23</u> |
| Signature of Authorized Person | | | |

MAIL TO:
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