	State of F Office of the S	Rhode Island Secretary of S	tate	Fee: \$50.00
		Business Service River Street	es	
1.06		RI 02904-2615		
7630	(401)	222-3040		
Limited Liabili Annual Report Filing Period: Fe	t			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.				
ANNUAL REPO	<b>RT YEAR</b> : <u>2023</u>			
1. ID No. <u>001724249</u>				
2. Exact Name of the Limited Liability Company Flyhomes Mortgage, LLC				
3. State of Formation				
State: WA				
ARTICLE III				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>522310</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
REAL ESTATE				
5. Principal Off	ice Address			
No. and Street:	<u>1201 WESTERN AVENUE</u> <u>SUITE 100</u>			
City or Town:	SEATTLE	State: <u>WA</u>	Zip: <u>98101</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: No. and Street:	Contact Title: <u>1201 WESTERN AVENUE</u> <u>SUITE 100</u>			
City or Town:	SEATTLE	State: WA	Zip: <u>98101</u>	Country: <u>USA</u>

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 28 Day of March, 2023 at 11:07:22 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By KEVIN PARRALES

Signature of Authorized Person

Form No. 632 Revised 09/07

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