



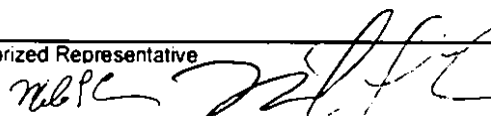
State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 APR 27 A 10:04

1. Entity ID Number <b>001733681</b>		2. Exact name of the Corporation <b>Michigan Mutual, Inc.</b>			
3. Principal Office Address <b>911 Military Street</b>			City <b>Port Huron</b>	State <b>MI</b>	Zip <b>48060</b>
4. NAICS Code <b>522292</b>		6. Brief description of the character of business conducted in Rhode Island <b>Mortgage Lender</b>			
5. State of Incorporation <b>MI</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>Bruce Carr</b>			Vice-President Name <b>Michael Cansfield</b>		
Street Address <b>911 Military Street</b>			Street Address <b>911 Military Street</b>		
City <b>Port Huron</b>	State <b>MI</b>	Zip <b>48060</b>	City <b>Port Huron</b>	State <b>MI</b>	Zip <b>48060</b>
Secretary Name <b>Hale H Walker</b>			Treasurer Name		
Street Address <b>911 Military Street</b>			Street Address		
City <b>Port Huron</b>	State <b>MI</b>	Zip <b>481060</b>	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>Mark M Walker</b>			Director Name <b>Hale H Walker</b>		
Street Address <b>911 Military Street</b>			Street Address <b>911 Military Street</b>		
City <b>Port Huron</b>	State <b>MI</b>	Zip <b>48060</b>	City <b>Port Huron</b>	State <b>MI</b>	Zip <b>48060</b>
Director Name <b>Michael Cansfield</b>			Director Name <b>Bruce Carr</b>		
Street Address <b>911 Military Street</b>			Street Address <b>911 Military Street</b>		
City <b>Port Huron</b>	State <b>MI</b>	Zip <b>48060</b>	City <b>Port Huron</b>	State <b>MI</b>	Zip <b>48060</b>
9. Shares Authorized <b>31,974</b>		10. Shares Issued <b>31,974</b> <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.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		<b>50,000</b>	<b>common</b>	<b>.00000</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. <b>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.</b>					
Name of Authorized Representative <b>Milo Loop</b>				Date <b>04-18-2023</b>	
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

FILED  
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APR 27 2023  
BY 106108