



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 MAY -8 P 1:38

1. Entity ID Number <b>001723527</b>		2. Exact name of the Corporation <b>OMEGA FINACIAL INC.</b>			
3. Principal Office Address <b>7 VERNON STREET</b>			City <b>NORWOOD</b>	State <b>MA</b>	Zip <b>02062</b>
4. NAICS Code <b>522310</b>		6. Brief description of the character of business conducted in Rhode Island <b>MORTGAGE BROKERAGE</b>			
5. State of Incorporation <b>MASSCHUSETTS</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>JOHN R. SULLIVAN</b>			Vice-President Name <b>JOHN R. SULLIVAN</b>		
Street Address <b>97 MAPLE STREET</b>			Street Address <b>97 MAPLE STREET</b>		
City <b>NORWOOD</b>	State <b>MA</b>	Zip <b>02062</b>	City <b>NORWOOD</b>	State <b>MA</b>	Zip <b>02062</b>
Secretary Name <b>JOHN R. SULLIVAN</b>			Treasurer Name <b>JOHN R. SULLIVAN</b>		
Street Address <b>97 MAPLE STREET</b>			Street Address <b>97 MAPLE STREET</b>		
City <b>NORWOOD</b>	State <b>MA</b>	Zip <b>02062</b>	City <b>NORWOOD</b>	State <b>MA</b>	Zip <b>02062</b>
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>JOHN R. SULLIVAN</b>			Director Name		
Street Address <b>97 MAPLE STREET</b>			Street Address		
City <b>NORWOOD</b>	State <b>MA</b>	Zip <b>02062</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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/STRIKES		PAR VALUE
			<b>200</b>	<b>COMMON</b>	<b>NO PAR VALUE</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>JOHN R. SULLIVAN</b>					Date <b>5/2/23</b>
Signature of Authorized Representative 					

FILED

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

MAY 08 2023  
BY ML 11954

FORM 630 - Revised: 2/2023