



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 STAMP
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2023 MAY -8 P 1:38

1. Entity ID Number 001723527		2. Exact name of the Corporation OMEGA FINACIAL INC.			
3. Principal Office Address 7 VERNON STREET			City NORWOOD	State MA	Zip 02062
4. NAICS Code 522310		6. Brief description of the character of business conducted in Rhode Island MORTGAGE BROKERAGE			
5. State of Incorporation MASSCHUSETTS					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN R. SULLIVAN			Vice-President Name JOHN R. SULLIVAN		
Street Address 97 MAPLE STREET			Street Address 97 MAPLE STREET		
City NORWOOD	State MA	Zip 02062	City NORWOOD	State MA	Zip 02062
Secretary Name JOHN R. SULLIVAN			Treasurer Name JOHN R. SULLIVAN		
Street Address 97 MAPLE STREET			Street Address 97 MAPLE STREET		
City NORWOOD	State MA	Zip 02062	City NORWOOD	State MA	Zip 02062
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN R. SULLIVAN			Director Name		
Street Address 97 MAPLE STREET			Street Address		
City NORWOOD	State MA	Zip 02062	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/FRIFS
			200		PAR VALUE
			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 JOHN R. SULLIVAN					Date 5/2/23
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