



State of Rhode Island
Department of State - Business Services Division

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 FOR
 SECRETARY OF STATE
 USE ONLY

Annual Report for the year: 2024
Corporation _____

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

1. Entity ID Number 000127796		2. Exact name of the Corporation NEW ENGLAND REGIONAL MORTGAGE CORP.			
3. Principal Office Address 90 STEEL RD. STE 201			City SALEM	State NH	Zip 03079
4. NAICS Code 522310		6. Brief description of the character of business conducted in Rhode Island MORTGAGE BANKING			
5. State of Incorporation NH					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NANCY (NOBILE) GENNARELLI			Vice-President Name		
Street Address 784 OCEAN BLVD #2			Street Address		
City RYE	State NH	Zip 03870	City	State	Zip
Secretary Name NANCY (NOBILE) GENNARELLI			Treasurer Name		
Street Address 784 OCEAN BLVD #2			Street Address		
City RYE	State NH	Zip 03870	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NANCY (NOBILE) GENNARELLI			Director Name		
Street Address 784 OCEAN BLVD #2			Street Address		
City RYE	State NH	Zip 03870	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/SERIES	PAR VALUE
		400,000		CNP	0.0
		137,500			
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 NANCY (NOBILE) GENNARELLI				Date 2/15/24	
Signature of Authorized Representative Nancy (Nobile) Gennarelli				FILED FEB 16 2024	

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

BY **2DKRX**