		e of Rhode Islar the Secretary o		Fee: \$50.0
	Division	n Of Business Ser	vices	
		8 W. River Street		
1636	/	dence RI 02904-20	515	
-030		(401) 222-3040		
Limited Liability Annual Report	/ Company			
Filing Period: Febr	ruary 1 - May 1			
In accordance with	h R.I.G.L. 7-16-66(d), each li	imited liabilitv com	panv failing or	
refusing to file its a	annual report within thirty (3	0) days after the t		by
1aw (R.I.G.L. 7-16-	-66(b&c)) is subject to a pen	alty fee of \$25.00.		
ANNUAL REPOR	T YEAR - ENTER THE CURR	ENT YEAR 2024	: <u>2024</u>	
1. ID No. <u>001</u>	758564			
2. Exact Name o	f the Limited Liability Com	pany <u>LoanFront, I</u>	<u>LC</u>	
3. State of Form	ation			
State: <u>WY</u>				
	N	IAICS CODE		
-	NAICS Code that best desc of codes <u>here.</u> More inform			•
522200				
<u>522390</u>				
4. Brief Descripti Island	ion of the Character of the E		s Actually Cond	lucted in Rhode
4. Brief Descripti Island	ion of the Character of the E		s Actually Cond	lucted in Rhode
4. Brief Descripti Island	MORTGAGE LOAN ORI		s Actually Cond	lucted in Rhode
4. Brief Descripti Island <u>RESIDENTIAL</u>	MORTGAGE LOAN ORI		s Actually Cond	lucted in Rhode
4. Brief Descripti Island <u>RESIDENTIAL</u> 5. Principal Offic	MORTGAGE LOAN ORI		s Actually Cond	lucted in Rhode
4. Brief Descripti Island <u>RESIDENTIAL</u> 5. Principal Offic	MORTGAGE LOAN ORI ce Address <u>2 BRIDGE AVENUE</u>			Country: <u>USA</u>
 4. Brief Description Island RESIDENTIAL 5. Principal Office No. and Street: City or Town: 	MORTGAGE LOAN ORI ce Address 2 BRIDGE AVENUE SUITE 322	GINATOR State: <u>NJ</u>	Zip: <u>07701</u>	Country: <u>USA</u>
 4. Brief Description Island RESIDENTIAL 5. Principal Office No. and Street: City or Town: 	MORTGAGE LOAN ORI ce Address 2 BRIDGE AVENUE SUITE 322 RED BANK ss of Limited Liability Comp	GINATOR State: <u>NJ</u>	Zip: <u>07701</u>	Country: <u>USA</u>
 4. Brief Description Island RESIDENTIAL 5. Principal Office No. and Street: City or Town: 6. Mailing Address 	MORTGAGE LOAN ORI ce Address 2 BRIDGE AVENUE SUITE 322 RED BANK ss of Limited Liability Comp Contact Title: 2 BRIDGE AVENUE	GINATOR State: <u>NJ</u>	Zip: <u>07701</u>	Country: <u>USA</u>
 4. Brief Descripting Island RESIDENTIAL 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: 0 	MORTGAGE LOAN ORI ce Address 2 BRIDGE AVENUE SUITE 322 RED BANK ss of Limited Liability Comp Contact Title:	GINATOR State: <u>NJ</u>	Zip: <u>07701</u> Title of Contac	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

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK, RI 02888

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

Signed this 15 Day of April, 2024 at 5:55:40 PM 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 ANDREW T. WEBER

Signature of Authorized Person

Form No. 632 Revised 09/07

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