



State of Rhode Island
Department of State - Business Services Division

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.

FILED
MAY 02 2024
BY [Signature]

1. Entity ID Number 000108545		2. Exact name of the Corporation BANKERS MORTGAGE CORP.			
3. Principal Office Address 1609 Warwick Avenue			City Warwick	State RI	Zip 02889
4. NAICS Code 522310		6. Brief description of the character of business conducted in Rhode Island <i>mortgage brokerage for VA and 2nd mortgages to help veterans obtain place mortgage and for any other legal purpose</i>			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RICHARD CORRENTE			Vice-President Name RICHARD CORRENTE		
Street Address 1609 WARWICK AVE			Street Address 1609 WARWICK AVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	
		0		1	
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 RICHARD CORRENTE				Date 4-10-24	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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