

## State of Rhode Island Department of State - Business Services Division

Annual	Report	for	the	year:	2024
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Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

Penalty: Additional \$25									
1. Entity ID Number 000108545		2. Exact name of the Corporation BANKERS MORTGAGE CORP.							
3. Principal Office Address 1609 Warwick Avenue	<del></del>		City Warwio	ck	State RI	Zip 02889			
4. NAICS Code 522310	6. Brief des	scription of the ch	naracter of busines	spconducted in Rhod	e Island	i A			
5. State of Incorporation Rhode Island	any	d I not	mortgagy	est degr	he less	Strein+ pl			
7. List ALL officers (names an	d addresses)	7 7 7	7 7	Check the	box to indicate	an attachment			
President Name RICHARD	CORR	ENTE	Vice-Presid	YARD	CORRE	NTE			
Street Address 1607 UAL	State 0	ALE	Street Addr	1 WARU	MCK /	AM			
Secretary Name	State /C	F Zip Or	PP9 City	JRWICK	State	- C28P9			
	i i cosulei i i	Treasurer Name							
Street Address			Street Addre	Street Address					
City	State	Zip	City		State	Zip			
8. List ALL directors (names a	nd addresses)			Check the	box to indicate	an attachment			
Director Name			Director Na	ne		- <del></del> -			
Street Address			Street Addre	ess	•				
City	State	Zip	City	City		Zip			
Director Name	<del></del>		Director Nar	ne		<u></u>			
Street Address	Street Addre	Street Address							
City	State	Zip	City	City		Zip			
9. Shares Authorized		10. Shares	sissued	Check the	box to indicate	an attachment			
This Information is currently of record in the		NUMBI	ER OF SHARES	CLASS/SER					
Department of State. Changes require an additional filing.			()			ノ			
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1. This report must be execute	ed on behalf of the	corporation by	an authorized repr	esentative. If the con	poration is in the	hands of a re-			
<u>eiver or trustee, this report mu</u>	ist be executed or	n behalf of the co	progration by the re	ceiver or trustee					
Inder penalty of perjury, I de tatements, and that all state	ments contained	that i have exam I herein are true	mineα unis report, e and correct.	including any acco	ompanying sch	edules and			
Name of Authorized Represent		Date							
RICHARD	<del></del>		4-1	0-24					
Signature of Authorized Repres	A O-2/-	4							

MAIL To:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov FILED