



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

FIELD

JAN 29 2025  
BY 3124 *[Signature]*

1. Entity ID Number 000042427		2. Exact name of the Corporation GENERAL COMMERCIAL MORTGAGE COMPANY			
3. Principal Office Address 140 Reservoir Avenue			City Providence	State RI	Zip 02907
4. NAICS Code 522110		6. Brief description of the character of business conducted in Rhode Island Commercial Mortgage Lending			
5. State of Incorporation RI		Title 7 - 1.1 - 51			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Donald S. Smith			Vice-President Name Donald S. Smith		
Street Address 140 Reservoir Avenue			Street Address 140 Reservoir Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Donald S. Smith			Treasurer Name Donald S. Smith		
Street Address 140 Reservoir Avenue			Street Address 140 Reservoir Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name None			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES		
			CLASS/SERIES		
			200		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. <i>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.</i>					
Name of Authorized Representative Donald S. Smith				Date 1/22/25	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:  
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