	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Busines		
	148 W. River S Providence RI 029		
1636	(401) 222-30	40	
Foreign Business Corpora Annual Report Filing Period: February 1 - May			
In accordance with R.I.G.L. 7-1 file its annual report within thir (R.I.G.L. 7-1.2-1501(c&d)) is su	ty (30) days after the time pr	escribed by law	to
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR <b>2</b>	<b>025</b> : <u>2025</u>	
1. Corporate ID No. 00169	97141		
2. Name of Corporation Easy	Apps Mortgage, Inc.		
3. Street Address Principal E	lusiness Office:		
No. and Street: <u>1044 CENT</u>	RAL STREET, SUITE 202		
City or Town: <u>STOUGHT</u>	<u>NC</u>	State: <u>MA</u> Zip	: <u>02072</u> Country: <u>USA</u>
4. Business Phone No.			
<u>8884413279</u>			
5. State of Incorporation			
State: <u>MA</u>			
	NAICS CODE		
Enter the six digit NAICS Code Download the list of codes <u>her</u>	· · · · ·	•	
<u>522310</u>			
6. Brief Description of the Ch	aracter of Business Condu	cted in Rhode Isla	nd
MORTGAGE BROKERAG	<u>E</u>		
7. Names and Addresses of t	he Officers and Directors:		
All officers and directors r	nust be listed.		
Title	Individual Name First, Middle, Last, Suffix		ddress wn, State, Zip Code, Country

PRESIDENT	PETER COSTA		044 CENTRAL STREET, SUITE 202 STOUGHTON, MA 02072 USA		
hares Authorized and	Issued				
Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issue and Outstandin <i>Num of</i> <i>Shares</i>	

9. 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.

**Signed this 6 Day of February, 2025 at 1:06:08 PM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

## By PETER COSTA

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

© 2007 - 2025 State of Rhode Island All Rights Reserved