R		Rhode Island	State	Fee: \$50.00
	Division Of	f Business Service	es	
	148 W	7. River Street		
	/	e RI 02904-2615		
7636	(401	1) 222-3040		
Limited Liability	y Company			
Annual Report Filing Period: Feb	ruary 1 - May 1			
	h R.I.G.L. 7-16-66(d), each limite			
	annual report within thirty (30) d S-66(b&c)) is subject to a penalty		prescribed by	
· · · ·	RT YEAR - ENTER THE CURRENT)25	
1. ID No. <u>001</u>	696991			
2. Exact Name of	of the Limited Liability Company	y Notable Finance	e, LLC	
3. State of Form	nation			
State: <u>DE</u>				
	NAIC	S CODE		
-	t NAICS Code that best describe t of codes <u>here.</u> More informatio			
<u>522291</u>				
4. Brief Descript	ion of the Character of the Busi	iness Which is Ac	ctually Conduc	cted in Rhode
Island				
	ENDING AND LOAN SERVI	<u>CING</u>		
		<u>CING</u>		
CONSUMER L		<u>CING</u>		
CONSUMER L	ce Address	<u>CING</u>		
CONSUMER L	ce Address <u>6 LANDMARK SQUARE</u>		Zip: <u>06901</u>	Country: <u>USA</u>
CONSUMER L 5. Principal Office No. and Street: City or Town:	ce Address <u>6 LANDMARK SQUARE</u> <u>4TH FLOOR</u>	State: <u>CT</u>		
CONSUMER L 5. Principal Offic No. and Street: City or Town:	ce Address <u>6 LANDMARK SQUARE</u> <u>4TH FLOOR</u> <u>STAMFORD</u> ess of Limited Liability Company	State: <u>CT</u>		
CONSUMER L 5. Principal Office No. and Street: City or Town: 6. Mailing Addre	ce Address <u>6 LANDMARK SQUARE</u> <u>4TH FLOOR</u> <u>STAMFORD</u> ess of Limited Liability Company Contact Title:	State: <u>CT</u>		
CONSUMER L 5. Principal Offic No. and Street: City or Town: 6. Mailing Addre Contact Name:	ce Address <u>6 LANDMARK SQUARE</u> <u>4TH FLOOR</u> <u>STAMFORD</u> ess of Limited Liability Company	State: <u>CT</u>		

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

BUSINESS FILINGS INCORPORATED 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 25 Day of April, 2025 at 2:38:02 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 VISHAL GARG

Signature of Authorized Person

Form No. 632 Revised 09/07

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