



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$150.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Limited Liability Company  
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is: Fulcrum Home Loans LLC

*Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.*

**ARTICLE II**

The name, if different, under which it proposes to register and transact business in Rhode Island is:

**ARTICLE III**

The Limited Liability Company is organized under the laws of: State: ID Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date: 09/15/2025

**ARTICLE IV**

The date of its organization is: 11/1/2019

**ARTICLE V**

The period of its duration is: ☒ Perpetual ☐

**ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 700 NARRAGANSETT PARK DRIVE  
SUITE 100

City or Town: PAWTUCKET

State: RI Zip: 02861

Name: REGISTERED AGENTS INC.

## Article VII

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

MORTGAGE BROKERAGE

## ARTICLE VIII

The Rhode Island Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

## ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 32 N. FISHER PARK WAY

City or Town: EAGLE

State: ID

Zip: 83616

Country: USA

## ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 32 N. FISHER PARK WAY

City or Town: EAGLE

State: ID

Zip: 83616

Country: USA

## ARTICLE XI

The limited liability company is to be managed by its X Members\* or \_\_\_ Managers (check one)

**\* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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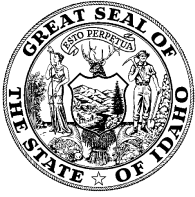
*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 15 Day of September, 2025 at 3:54:42 PM by the Authorized Person.**

TINA P. HARTMAN

Form No. 450  
Revised 09/07

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# STATE OF IDAHO

*Phil McGrane | Secretary of State*

## **Business Office**

450 North 4th Street

PO Box 83720

Boise, ID 83702

July 23, 2025

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**Request Type: Certificate of Existence/Filing**

Request #: 0006369102

Receipt #: 001182796

Issuance Date: 07/23/2025

Copies Requested: 0

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**Regarding: Fulcrum Home Loans LLC**

Filing Type: Limited Liability Company (D)

Formation/Qualification Date: 11/01/2019

Status: Active-Existing

Duration Term: Perpetual

File #: 3660051

Formation Locale: IDAHO

Inactive Date:

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### **Certificate of Existence**

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

### **Fulcrum Home Loans LLC**

is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above.

A handwritten signature of Phil McGrane, consisting of stylized initials "PM" enclosed within an oval.

Phil McGrane

**Idaho Secretary of State**

Processed By: Business Division

**Verification #: 035354131**



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

September 15, 2025 03:53 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

