



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 100179		2. Name of Corporation Mortgage Town, USA, Inc.			
3. Street Address Principal Business Office 2080 Mineral Spring Avenue			City North Providence	State RI	Zip 02911
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF THE LENDING OF MONEY, GIVING OF MORTGAGES, BROKERING OF MORTGAGES, LENDING.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert J. Antonizio			Vice President Name Elaine M. Duphiney		
Street Address 175 Smithfield Road			Street Address 1 Willard Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Elaine M. Duphiney			Treasurer Name Robert J. Antonizio		
Street Address 1 Willard Street			Street Address 175 Smithfield Road		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	No par value		100		No

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.

File Date **FILED**  
Check No. **JAN 31 2008**  
By: **DS-4608**  
FOR SECRETARY OF STATE USE ONLY

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.

Signature: [Signature] Date: 1/25/08  
Robert J. Antonizio  
Print or Type Name  
President  
Title