

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 \_\_\_\_\_\_20

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.

law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.					
1. Corporate ID No. 111778	2. Name of Corporation Sovereign LMI, Inc.				
3. Street Address Principal Business Office One Financial Plaza			Providence	State RI	<sup>Zip</sup> 02903
I		5. State of Incorporation Rhode Island	1)		
	sumer loans and par	ticipation interest there	in, mortgaged-backed securit		
7. NAMES AND ABBRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC		S BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
Steven Issa			Michael Lee		
Street Address Sovereign Bank, One Financial Plaza			Street Address Sovereign Bank, One Financial Plaza		
City: Providence	State RI	<i>zip</i> <b>02903</b>	City Providence	State RI	<sup>Zip</sup> 02903
Secretary Name Richard Toomey			Treasurer Name Paula Pais		
Street Address			Street Address		
Sovereign Bank, One Financial Plaza			Sovereign Bank, One Financial Plaza		
Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	02903
8. NAMES AND ADDRESSES	OF THE DIRECTORS	e: ("X" BOX FOR ATT		ES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
Steven Issa			Michael Lee 193		
Street Address			Street Address		
Sovereign Bank, One Financial Plaza			: Sovereign Bank, One Financial Plaza		
City	State	Zip	City	State RI	02903
Providence	RI	02903	Providence	[ [ [ ] ]	1.
Frank Casale			Director Name		
Street Address			Street Address		
Sovereign Bank, One Financial Plaza				Low-	70.
Providence	State RI	<i>Ζφ</i> 02903	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 Com	mon No	Par Value	8,000	Common	No par value
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.					

	Underpenalty of perjury, I declare and affirm that I have examined this report,
File Date: MAR 2 5 2008 12 . 44	including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Signature  Date
By Concerns of State Use ONLY	Steven Issa Print or Type Name President
AN CONTRACTOR OF THE CONTRACTO	Title Form 630 Rev. 12/06

SOVEREIGN LMI, INC.

**ANNUAL REPORT 2008** 

**ADDITIONAL OFFICER** 

ASSISTANT SECRETARY
DONNA COSTA
SOVEREIGN BANK
ONE FINANCIAL PLAZA
PROVIDENCE, RI 02903

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