

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 2009 401.222.30 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.

subject to a permany jee of \$2).	.00.				
1. Corporate ID No. 121499		Name of Corporation Ifferson Mortgage Corporation			
3. Street Address Principal Business Office 2091 Nooseneck Hill Road			City Coventry	State RI	Zip 02816
Business Phone No. 5. State of Incorporation 401-334-4000 Rhode Island					
6. Brief Description of the Cha To engage in the busi	aracter of Business Condi	ucted in Rhode Island broker and/or provide lender	services		
7. NAMES AND ADDR	ESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Thomas L. Falcone			Thomas L. Falcone		
Street Address 2091 Nooseneck Hill Road			Street Address 2091 Nooseneck Hill Road		
City Coventry	State RI	^{Zip} 02816	City Coventry	State RI	<i>Zip</i> 02816
Secretary Name Thomas L. Falcone			Treasurer Name Thomas L. Falcone		
Street Address 2091 Nooseneck Hill Road			Street Address 2091 Nooseneck Hill Road		
City Coventry	State RI	^{Zip} 02816	City Coventry	State RI	^{Zip} 02816
8. NAMES AND ADDRI Director Name Thomas L. Falcone	ESSES OF THE DIR	ECTORS: ("X" BOX FOR ATT	TACHMENT) FILL I Director Name	N SPACES BEFORE USIN	IG ATTACHMENTS
Street Address			Street Address		
2091 Nooseneck Hil	ll Road				
City	State	Zip	City	State	Zip
Coventry	RI	02816			,
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZ	ED			O ("X" BOX FOR ATTAC	
			T	ECTION MUST BE COMPLETED	
This information is cur	rently of record in t	he Office of the Secretary of	Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par
This report must be exective report must be exec	ecuted on behalf of the	he corporation by an authorize the corporation by the receiver of	d representative. If the	corporation is in the hand	s of a receiver or tr

File Date	FILED
Check No	MAR 1 7 2009
By: By	6471
	FOR SECRETARY OF STATE USE ONLY

/ including any accompanying schedule	d affirm that I have examined this report. es and statements, and that all statements
contained herein are true and correct.	2/27/09
Signature	Date
Thomas L. Falcone	
Print or Type Name	
President	
Title	

Form 630 Rev. 08/08