



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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

|   |             |   |                                   |              |     |
|---|-------------|---|-----------------------------------|--------------|-----|
| 1. ID No.<br>000162273  |             | 2. Exact name of the limited liability company<br>EVAN William Mortgage Group LLC                             |                                   |              |     |
| 3. State of Formation<br>RI   |             | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Mortgage |                                   |              |     |
| 5. Principal office address<br>190 Broad ST   |             | City<br>Providence  | State<br>RI                       | Zip<br>02903 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |             |   |                                   |              |     |
| Contact Name<br>Ms Beth Arkuda Esq  |             |   | Contact Title<br>Registered Agent |              |     |
| Street Address<br>116 Park Ave  |             | City<br>Cranston  | State<br>RI                       | Zip<br>02910 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |             |   |                                   |              |     |
| Manager Name<br>Bernard Fullen Jr   |             |   | Manager Name                      |              |     |
| Street Address<br>19-A Concord St   |             |   | Street Address                    |              |     |
| City<br>Providence  | State<br>RI | Zip<br>02904  | City                              | State        | Zip |
| Manager Name  |             |   | Manager Name                      |              |     |
| Street Address  |             |   | Street Address                    |              |     |
| City  | State       | Zip   | City                              | State        | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  |             |   |                                   |              |     |
| Agent Name<br>Ms Beth Arkuda Esq  |             |   | Address                           |              |     |
| Address<br>116 Park Ave   |             | City<br>Cranston  | State<br>RI                       | Zip<br>02910 |     |

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

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.

|                                 |                      |
|---------------------------------|----------------------|
| File Date                       | <b>FILED</b>         |
| Check No.                       | APR 13 2009          |
| By:                             | By [Signature] 86587 |
| FOR SECRETARY OF STATE USE ONLY |                      |

[Signature]  
 Signature of Authorized Person  
 4/13/09  
 Date  
 Bernard Fullen Jr  
 Print or Type Name of Authorized Person