



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.  
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|   |                    |   |                    |                     |
|---|--------------------|---|--------------------|---------------------|
| 1. Entity ID No.<br><b>000086877</b>  |                    | 2. Exact name of the Corporation<br><b>EQUITY ONE, INC.</b>         |                    |                     |
| 3. Principal office address<br><b>120 Broadway, 16TH Floor</b>  |                    | City<br><b>New York</b>   | State<br><b>NY</b> | Zip<br><b>10271</b> |
| 4. Business Phone No.<br><b>(908) 316-7024</b>  |                    | 5. State of Incorporation<br><b>Delaware</b>                        |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Provided Mortgages and Consumer Loans. This entity no longer conducts business in Rhode Island.</b> |                    |   |                    |                     |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |                    |                     |
| President Name<br><b>Brian Doran</b>  |                    | Vice-President Name<br><b>None</b>                                  |                    |                     |
| Street Address<br><b>120 Broadway, 16th Floor</b>   |                    | Street Address  |                    |                     |
| City<br><b>New York</b>   | State<br><b>NY</b> | Zip<br><b>10271</b>   | City               | State               |
| Secretary Name<br><b>None</b>   |                    | Treasurer Name<br><b>None</b>                                       |                    |                     |
| Street Address  |                    | Street Address  |                    |                     |
| City  | State              | Zip   | City               | State               |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |                    |                     |
| Director Name<br><b>Brian Doran</b>   |                    | Director Name   |                    |                     |
| Street Address<br><b>120 Broadway, 16th Floor</b>   |                    | Street Address  |                    |                     |
| City<br><b>New York</b>   | State<br><b>NY</b> | Zip<br><b>10271</b>   | City               | State               |
| Director Name   |                    | Director Name   |                    |                     |
| Street Address  |                    | Street Address  |                    |                     |
| City  | State              | Zip   | City               | State               |
| 9. SHARES AUTHORIZED  |                    | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.                            |                    | NUMBER OF SHARES  | CLASS/SERIES       | PAR VALUE           |
|   |                    | 3,000,000.00  | STK                | \$1.0000            |

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 SECRETARY OF STATE  
 CORPORATIONS DIV

*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 \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

JUN 19 2012

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 of Authorized Representative

Date

**Brian Doran**

Print or Type Name of Authorized Representative

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 6172978

3/8/2012