



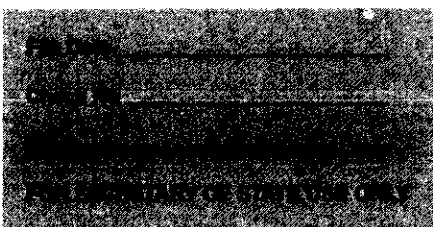
STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2014 AUG 13 AM 10:28
 SECRETARY OF STATE
 CORPORATIONS DIV

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2014

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

1. Entity ID No. 000568122		2. Exact name of the limited liability company LCS Servicing, LLC			
3. State of Formation Colorado		4. Brief description of the character of business conducted in Rhode Island Loan Servicing			
5. Principal office address 6782 S. Potomac St. #105		City Centennial	State CO	Zip 80112	
6. CONTACT INFORMATION FOR LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON					
Contact Name Leo C. Stawiariski, Jr.		Contact Title Manager			
Street Address 6782 S. Potomac St. #105		City Centennial	State CO	Zip 80112	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE • DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Leo C. Stawiariski, Jr.		Manager Name			
Street Address 6782 S. Potomac St. #105		Street Address			
City Centennial	State CO	Zip 80112	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					



FILED

AUG 13 2014

BY HL 230265
10:28

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.

Leo C. Stawiariski, Jr. 8/16/14
 Signature of Authorized Person Date
Leo C. Stawiariski, Jr.
 Print or Type Name of Authorized Person