



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year:** 2016  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>1659211</b>		2. Exact name of the Corporation <b>Key Capital Mortgage, Inc.</b>		
3. Principal Office Address <b>22 West State Street</b>		City <b>Media</b>	State <b>PA</b>	Zip <b>19063</b>
4. Business Phone Number <b>610-892-5150</b>		5. State of Incorporation <b>Pennsylvania</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Commercial Mortgages</b>				
7. List ALL officers (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Ken Markizon</b>		Vice-President Name <b>George Teplica</b>		
Street Address <b>22 West State Street</b>		Street Address <b>801 Lancaster Avenue</b>		
City <b>Media</b>	State <b>PA</b>	Zip <b>19063</b>	City <b>Bryn Mawr</b>	State <b>PA</b>
Secretary Name <b>Marie D. Connolly</b>		Treasurer Name <b>Geoffrey G. Halberstadt</b>		
Street Address <b>801 Lancaster Avenue</b>		Street Address <b>801 Lancaster Avenue</b>		
City <b>Bryn Mawr</b>	State <b>PA</b>	Zip <b>19010</b>	City <b>Bryn Mawr</b>	State <b>PA</b>
8. List ALL directors (names and addresses)				Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Francis J. Leto</b>		Director Name <b>Joseph G. Keefer</b>		
Street Address <b>801 Lancaster Avenue</b>		Street Address <b>801 Lancaster Avenue</b>		
City <b>Bryn Mawr</b>	State <b>PA</b>	Zip <b>19010</b>	City <b>Bryn Mawr</b>	State <b>PA</b>
9. Shares Authorized		10. Shares Issued		
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<b>100</b>	<b>Common</b>	<b>0.0</b>
11. 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.				
<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.</b>				
Name of Authorized Representative <b>Marie D. Connolly</b>			Date <b>August 3, 2016</b>	
Signature of Authorized Representative <span style="float: right;">SIGN DOCUMENT HERE</span>				

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
 AUG - 9 2016  
 BY 1065  
 LD

FORM 630 - Revised: 05/2016