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BUS SVCS DIV



State of Rhode Island
Department of State - Business Services Division

2022 MAY 17 A 10:15

Annual Report for the year: 2022
Corporation

STAMP

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FOR
DEPARTMENT OF STATE
USE ONLY

1. Entity ID Number 000132188		2. Exact name of the Corporation Poli Mortgage Group, Inc.	
3. Principal Office Address 100 River Ridge Drive Suite 304		City Norwood	State MA
		Zip 02062	
4. NAICS Code 522310	6. Brief description of the character of business conducted in Rhode Island Mortgage Lender and Broker		
5. State of Incorporation MA			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Edmund L Poli III		Vice-President Name N/A	
Street Address 100 River Ridge Drive Suite 304		Street Address	
City Norwood	State MA	Zip 02062	
Secretary Name Edmund L Poli III		Treasurer Name Edmund L Poli III	
Street Address 100 River Ridge Drive Suite 304		Street Address 100 River Ridge Drive Suite 304	
City Norwood	State MA	Zip 02062	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Edmund L Poli III		Director Name N/A	
Street Address 100 River Ridge Drive Suite 304		Street Address	
City Norwood	State MA	Zip 02062	
Director Name N/A		Director Name N/A	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 200,000	CLASS/SERIES CNP
		PAR VALUE \$0	
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. <i>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.</i>			
Name of Authorized Representative Edmund L Poli		Date 5/13/2022	
Signature of Authorized Representative			

FILED

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

MAY 17 2022

BY J. SOAXV
10:18