



State of Rhode Island

Department of State - Business Services Division

STAMP

Annual Report for the year: 2023

Corporation

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

RECEIVED FOR SECRETARY OF STATE
RI DEPT. OF STATE SVCS DIV
USE ONLY

2023 FEB 14 A H 01

1. Entity ID Number 000522697		2. Exact name of the Corporation IGI Lending, Inc.			
3. Principal Office Address 177 Georgia Avenue			City Providence	State RI	Zip 02905
4. NAICS Code 52291		6. Brief description of the character of business conducted in Rhode Island To manufacture and sell findings, any ancillary purposes, and all other lawful purposes.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael W. McAllister			Vice-President Name		
Street Address 177 Georgia Avenue			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Michael W. McAllister			Treasurer Name Michael W. McAllister		
Street Address 177 Georgia Avenue			Street Address 177 Georgia Avenue		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	
		100 Common with 0.01 Par			
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.					
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.					
Name of Authorized Representative Michael W. McAllister / DOUGLAS ANDERSON				Date 1/31/2023	
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

FEB 14 2023
BY **ML HD89P** FORM 630 - Revised: 11/2021