



State of Rhode Island
Department of State - Business Services Division

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
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 APR 27 A 10:04

1. Entity ID Number 001733681		2. Exact name of the Corporation Michigan Mutual, Inc.			
3. Principal Office Address 911 Military Street			City Port Huron	State MI	Zip 48060
4. NAICS Code 522292		6. Brief description of the character of business conducted in Rhode Island Mortgage Lender			
5. State of Incorporation MI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bruce Carr			Vice-President Name Michael Cansfield		
Street Address 911 Military Street			Street Address 911 Military Street		
City Port Huron	State MI	Zip 48060	City Port Huron	State MI	Zip 48060
Secretary Name Hale H Walker			Treasurer Name		
Street Address 911 Military Street			Street Address		
City Port Huron	State MI	Zip 481060	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mark M Walker			Director Name Hale H Walker		
Street Address 911 Military Street			Street Address 911 Military Street		
City Port Huron	State MI	Zip 48060	City Port Huron	State MI	Zip 48060
Director Name Michael Cansfield			Director Name Bruce Carr		
Street Address 911 Military Street			Street Address 911 Military Street		
City Port Huron	State MI	Zip 48060	City Port Huron	State MI	Zip 48060
9. Shares Authorized 31,974		10. Shares Issued 31,974 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		50,000	common	.00000	
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 Milo Loop				Date 04-18-2023	
Signature of Authorized Representative 					

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
APR 27 2023
BY 106108