



**State of Rhode Island
Department of State - Business Services Division**

**Annual Report for the year: 2024
Corporation**

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 SECRETARY OF STATE
 RI

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

| | | | | | |
|---|--------------------|--|--|------------------------------------|---------------------|
| 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 522291 | | 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 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 | |
| | | 100 | | Common Shares | |
| | | | | PAR VALUE 0.01 par value | |
| 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 | | | | Date 01/19/2024 | |
| Signature of Authorized Representative | | | | | |

M3 FILED 1/15/24
 JAN 30 2024
 BY 6029