

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004600

FILED
Apr 17, 2009
Secretary of State

Entity Name: PROVIDENCE RESIDENTIAL MORTGAGE CORP.

Current Principal Place of Business:

6014 US HIGHWAY 19
SUITE 307
NEW PORT RICHEY, FL 34655

New Principal Place of Business:

6 BLACKSTONE VALLEY PLACE
SUITE 204
LINCOLN, RI 02864

Current Mailing Address:

100 SCENIC VIEW DRIVE
SUITE 103
CUMBERLAND, RI 02864

New Mailing Address:

6 BLACKSTONE VALLEY PLACE
SUITE 204
LINCOLN, RI 02864

FEI Number: 05-0503315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAOLETTI, JOSEPH
6014 US HIGHWAY 19
SUITE 307
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

PAOLETTI, JOSEPH
8715 TORCHWOOD DRIVE
TRINITY, FL 34655 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEOUGH, STEVEN
Address: 11 ROYAL COURT
City-St-Zip: CUMBERLAND, RI 02864

Title: V () Delete
Name: PAOLETTI, THOMAS
Address: 261 LITTLE POND COUNTY ROAD
City-St-Zip: CUMBERLAND, RI 02864

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KEOUGH, STEVEN
Address: 53 BILLINGTON CIRCLE
City-St-Zip: CUMBERLAND, RI 02864

Title: V (X) Change () Addition
Name: PAOLETTI, THOMAS
Address: 6 BILLINGTON CIRCLE
City-St-Zip: CUMBERLAND, RI 02864

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM PAOLETTI

VP

04/17/2009

Electronic Signature of Signing Officer or Director

Date