

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000005595

1. Entity Name  
FOREMOST MORTGAGE ASSOCIATES, INC.



Principal Place of Business

565 DYER AVENUE  
CRANSTON, RI 02920

Mailing Address

565 DYER AVENUE  
CRANSTON, RI 02920

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**



01112007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
05-0489509

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORIDA COMPLIANCE SPECIALISTS  
2331 HANSEN PLACE  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KESELICA, MICHAEL N 18 MADELINE DRIVE NEWPORT, RI 02840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARAMANTE, ROBERT 116 CANDLEWOOD DRIVE NORTH KINGSTOWN, RI 02852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PETRONIO, EVERETT 39 EVERBLOOM DRIVE CRANSTON POINT, RI 02920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000592315  
01/19/07-80059-001 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/07

Date

401-943-7260

Daytime Phone #