2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P29038

Entity Name: LITCHFIELD FINANCIAL CORPORATION

Current Principal Place of Business:

C/O CSC 84 STATE ST.
BOSTON, MA 02109

New Principal Place of Business:

Current Mailing Address:

40 WESTMINSTER ST.
PROVIDENCE, RI 02940

New Mailing Address:

FEI Number: 04-3023928 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: AS (X) Delete
Name: SCHNEIDER, MARYBETH
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: DP ( ) Delete
Name: WISEN, DAVID
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: SVPT ( ) Delete
Name: LYNN, BRIAN
Address: 40 WESTMINSTER ST
City-St-Zip: PROVIDENCE, RI 02903

Title: DEVP ( ) Delete
Name: MECCA, NICHOLAS L
Address: 45 GLASTONBURY BLVD.
City-St-Zip: GLASTONBURY, CT 06033

Title: AS ( ) Delete
Name: RAYMOND, DEBRA A
Address: 40 WESTMINSTER ST
City-St-Zip: PROVIDENCE, RI 02903

Title: SEC ( ) Delete
Name: GREEN, PAUL
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change ( ) Addition
Name: JAMES, PETER
Address: 45 GLASTONBURY BLVD
City-St-Zip: GLASTONBURY, CT 06033

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PAUL F GREEN S 05/01/2008

Electronic Signature of Signing Officer or Director Date