

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90115 018 \*\*\*150.00

**DOCUMENT # P29038**

1. Entity Name  
**LITCHFIELD FINANCIAL CORPORATION**



Principal Place of Business  
**430 MAIN STREET  
WILLIAMSTOWN MA 01267**

Mailing Address  
**40 WESTMINSTER ST.  
PROVIDENCE RI 02940**

**10054333**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**04-3023928**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
Y  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVCT  
RABIDOU, RONALD E  
430 MAIN STREET  
WILLIAMSTOWN MA 01267** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Executive Vice President** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
MITTERLING, RICHARD H  
333 EAST RIVER DRIVE  
EAST HARTFORD CT 06108** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director + President** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVPS  
MALLOY, JOHN J  
430 MAIN STREET  
WILLIAMSTOWN MA 01267** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Senior Vice President and Treasurer** ☐ Change ☒ Addition  
**Brian F. Lynn  
40 Westminister Street  
Providence, RI 02903**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GIRIOTTI, STEPHEN A  
40 WESTMINSTER STREET  
PROVIDENCE RI 01267** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Director + EVP** ☐ Change ☒ Addition  
**JAMES A. YERWOOD  
430 Main Street  
Williamstown, MA 01267**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SVP  
SHIPEE, JAMES H  
430 MAIN STREET  
WILLIAMSTOWN MA 01267** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Senior V.P.** ☐ Change ☒ Addition  
**KATHLEEN A. SMITH  
40 WESTMINSTER ST  
Providence, RI 02903**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
CARTER, BUELL J  
40 WESTMINSTER STREET  
PROVIDENCE RI 02903** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Paul F. Green** ☐ Change ☒ Addition  
**40 Westminister St  
Providence, RI 02903**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-30-03 401-621-4200**

CR2E034 (10/02)