

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000005347

Entity Name: HARBORONE MORTGAGE, LLC**Current Principal Place of Business:**650 ELM STREET SUITE 600
MANCHESTER, NH 03101**Current Mailing Address:**650 ELM STREET SUITE 600
MANCHESTER, NH 03101 US**FEI Number:** 04-2802284**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	CASEY, JOSEPH
Address	770 OAK ST
City-State-Zip:	BROCKTON MA 02301

Title	MANAGER
Name	SIMMONS, LINDA
Address	770 OAK STREET
City-State-Zip:	BROCKTON MA 02303

Title	MANAGER
Name	SANBORN, SCOTT
Address	770 OAK STREET
City-State-Zip:	BROCKTON MA 02301

Title	MGR
Name	BOYLE, TIMOTHY
Address	650 ELM ST SUITE 600
City-State-Zip:	MANCHESTER NH 03101

Title	MANAGER
Name	MADDEN, CAMILLE
Address	650 ELM STREET SUITE 600
City-State-Zip:	MANCHESTER NH 03101

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAMILLE MADDEN**MANAGER****04/27/2023**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date