

PX 1

**DECLARATION OF RUFUS JENKINS
PURSUANT TO 28 U.S.C. §1746**

I, Rufus Jenkins, have personal knowledge of the facts and matters discussed in this declaration and, if called as a witness, could and would testify as follows:

1. I am employed by the Federal Trade Commission (“FTC” or “Commission”) as an investigator in the Bureau of Consumer Protection. I have worked with the FTC since April 2019. Previously, I worked for eight years in a forensics practice at one of the Big Four public accounting firms. I earned my Master of Accountancy and Master of Business Administration from Mercer University. I am a licensed Certified Public Accountant and a Certified Fraud Examiner.

2. I have been working on the Commission’s investigation concerning Ponte Investments, LLC, also doing business as SBA Loan Program and SBA Loan Program.com; Ponte Investments of Florida, LLC; and John C. Ponte. Collectively, Ponte Investments, LLC and John C. Ponte are the Defendants in this matter.

3. As the custodian of documents and information collected in the course of this investigation, I maintain all such evidence in my custody and control on a secure FTC server. Below, I describe those documents and information.

I. CORPORATE FILINGS AND STATUS

4. The Defendants created legal entities by filing company records with state governmental agencies in Rhode Island and Florida. Both Rhode Island and Florida allow the public to access, search for, and download company records from state-run websites.¹ I obtained

¹ Rhode Island’s corporate database is available at <http://business.sos.ri.gov/CorpWeb/CorpSearch/CorpSearch.aspx>, and Florida’s is available at <https://dos.myflorida.com/sunbiz/search/>.

1 company records filed by the Defendants through this process. True and correct copies of
2 company filings I obtained regarding Ponte Investments, LLC are appended hereto as

3 ***Attachment A.***

4 **A. Ponte Investments, LLC d/b/a SBA Loan Program.com**

5 ***Rhode Island***

6 5. On May 20, 2011, the Articles of Organization were filed with the State of Rhode
7 Island and Providence Plantations Office of the Secretary of State to create Ponte Investments,
8 LLC. The Articles indicate that the company will be managed by its Member(s).
9

10 6. The Articles are signed by Alfred T. Marciano, CPA, who is also listed as the
11 resident agent. The street address for the resident agent and the principal office of the company
12 is 18 Imperial Place, Suite 1G, Providence, RI 02903.

13 7. On October 10, 2012, an Annual Report was filed with Rhode Island. The Report
14 is signed by Alfred T. Marciano, CPA. The Report includes “[m]ortgage [b]rokerage” as a brief
15 description of the character of the business that is actually conducted in Rhode Island.
16

17 8. On October 23, 2012, an amended Annual Report was filed with Rhode Island.
18 The Report is signed by Alfred T. Marciano, CPA. The Report changed the brief description of
19 the character of the business that is actually conducted in Rhode Island to “[r]eal [e]state.”

20 9. On October 31, 2013, an Annual Report was filed with Rhode Island. The Report
21 is signed by Alfred T. Marciano, CPA.

22 10. On February 2, 2015, an Annual Report was filed with Rhode Island. The Report
23 changed the brief description of the character of the business that is actually conducted in Rhode
24 Island to “SBA [l]oans for business and home mortgages thru a FDIC insured institution[,]
25 [b]usiness consulting[,] and [r]eal [e]state development.” The Report listed a different contact
26

1 person for the company – John Ponte, Managing Member. The Report is signed by John C.
2 Ponte.

3 11. On May 4, 2015, a Fictitious Business Name Statement was filed in Rhode Island
4 that authorizes Ponte Investments, LLC to use the fictitious business name SBA Loan
5 Program.com. The Statement provides that the business is engaged in “[o]riginat[ing] and
6 package[ing] SBA and commercial loans, real estate development[,] and business consulting.”
7 The Statement is signed by a Member of Ponte Investments, LLC.²
8

9 12. On August 13, 2015, an amendment to the Articles of Organization was filed with
10 Rhode Island. The Articles changed the principal office address to 42 Ladd Street, Unit 315,
11 East Greenwich, RI 02818. The Articles are signed by an authorized person of Ponte
12 Investments, LLC.³

13 13. On February 17, 2016, an Annual Report was filed with Rhode Island. The
14 Report is signed by John C. Ponte. The Report describes the business conducted by the company
15 as “SBA and other business loans arranged through third party providers, real estate acquisition
16 [and] developement (sic), and business consulting services.”
17

18 14. The Report lists the mailing address of the company as 18 Imperial Place, Suite
19 16, Providence RI 02903, and the principal office address as 5700 Post Road, East Greenwich,
20 RI 02818. The Report lists the contact person for the company as John Ponte, Managing
21 Member.
22

23
24 ² There is no printed or typed name accompanying this signature. However, it is similar to the signature of John C. Ponte affixed to the Annual Report filed by Ponte Investments, LLC with Rhode Island on February 17, 2016.

25 ³ Similar to the signature appended to the Fictitious Business Name Statement filed by Ponte Investments, LLC with
26 Rhode Island on May 4, 2015, there is no printed or typed name accompanying this signature. Again, it is similar to the signature of John C. Ponte affixed to the Annual Report filed by Ponte Investments, LLC with Rhode Island on February 17, 2016.

1 and the address of the principal office as 1779 So. Pinellis Avenue, Suite 400, Tarpon Springs,
2 FL 34689. The Application was authorized, executed, and signed by John C. Ponte, Member.

3 23. The Application lists the Florida registered agent as CT Corporation System at
4 1200 South Pine Island Road, Plantation, FL 33324. The Application is signed on behalf of the
5 registered agent by Kimberly Steinmetz, Vice President and Assistant Secretary.

6 24. The Application's cover letter asks correspondence concerning the application be
7 sent to Angel Dominguez of Charland, Marciano & Company, CPAs, LLP at 18 Imperial Place,
8 Unit 1D, Providence, RI 02903. The cover letter lists Kimberly Steinmetz as the contact person
9 for further information and provides a telephone number of (888) 201-6278.
10

11 25. On April 24, 2018, a Foreign Limited Liability Company Annual Report was filed
12 with Florida. The Report lists John C. Ponte, Member, as the company's authorized person, and
13 it is signed by John C. Ponte, President.

14 26. On September 27, 2019, Ponte Investments of Florida, LLC was revoked for
15 failing to file an annual report.
16

17 **B. Ponte Investments of Florida, LLC**

18 *Florida*

19 27. On October 16, 2014, the Articles of Organization were filed with the Florida
20 Secretary of State creating Ponte Investments of Florida, LLC. The Articles lists the street
21 address and mailing address as 1415 Bear Island Drive, West Palm Beach, FL 33409. The
22 Articles lists the registered agent as the Law Offices of Paul A. Herman at 902 Clint Moore
23 Road, 142, Boca Raton, FL 33487. True and correct copies of company filings I obtained
24 regarding Ponte Investments of Florida, LLC are appended hereto as *Attachment B*.
25
26

1 28. The Articles include the following as individuals authorized to manage the entity:
2 Charles E. Land, Manager; Annette F. Picerne, Manager; and John C. Ponte, CEO. The Articles
3 are signed by Paul A. Herman.

4 29. The principal address given in the Florida corporate database for this entity is
5 1640 Presidential Way, Unit A 105, West Palm Beach, FL 33401. On September 25, 2015,
6 Ponte Investments of Florida, LLC was administratively dissolved for failing to file an annual
7 report.
8

9 **II. INDIVIDUAL RESIDENCE**

10 30. Using the public records database called LexisNexis Accurint, I searched for the
11 residential address of John C. Ponte. Accurint is a subscription-based database of individual and
12 corporate public records.

13 **A. John C. Ponte**

14 31. On April 17, 2020, I searched for Mr. Ponte's address using his social security
15 number (xxx-xx-████). The most recent address for Mr. Ponte is ██████████
16 ██████████, Newport, RI 02840. A true and correct copy of this record is available upon request.
17

18 **III. DOMAIN REGISTRATION**

19 32. The Defendants use a website registered by GoDaddy.com, LLC ("GoDaddy") to
20 market the Defendants' services to consumers. GoDaddy provides a WHOIS Domain Lookup
21 tool that allows the public to search for who owns a website.⁴ I obtained the registrant details of
22 the Defendants' website through this process.
23
24
25
26

⁴ The search field is located at <https://www.godaddy.com/whois>.

1 **A. SBALoanProgram.com**

2 33. On April 16, 2020, I searched WHOIS records using the domain name
3 sbaloanprogram.com. The domain name sbaloanprogram.com was created on January 6, 2015.
4 The domain's registrant, administrative, and technical contact listed is Richard Ponte at [REDACTED]
5 [REDACTED], Warwick, RI 02889 with an email address of rponter@sbaloanprogram.com and a
6 telephone number of (401) [REDACTED]. A true and correct copy of the domain registration record I
7 obtained regarding SBALoanProgram.com is appended hereto as *Attachment C*.
8

9 **IV. TELECOMMUNICATION SERVICE**

10 34. I used LexisNexis Accurint to research the telephone number, (401) [REDACTED]
11 provided in the Defendants' domain ownership record. Accurint is a subscription-based database
12 of individual and corporate public records, including access to both cellular and land line carrier
13 records and self-reported phone data.
14

15 **A. (401) [REDACTED]**

16 35. On April 16, 2020, I searched for telephone number (401) [REDACTED], resulting in a
17 phone detail record naming John Ponte. A true and correct copy of this record is available upon
18 request.
19

20 **V. WEBSITE**

21 36. As I mentioned above, the Defendants' use a website to market their services to
22 consumers. Using a desktop browser, I visited the Defendants' website and used the Snipping
23 Tool and web capture application of Adobe Acrobat to preserve the website, in part and in
24 whole. The Snipping Tool is a Microsoft Windows screenshot utility available to users of certain
25 operating systems produced by Microsoft Corporation for use on personal computers, and
26 Acrobat is a licensed software available for purchase.

1 **A. www.SBALoanProgram.com**

2 37. On April 10, 2020, I visited the website of Ponte Investments, LLC at
3 www.SBALoanProgram.com and used the Snipping Tool to preserve the pop-up window that
4 first appears when accessing the website. A true and correct copy of the “home page” of the
5 website www.SBALoanProgram.com is appended hereto as *Attachment D*. I used the web
6 capture application of Adobe Acrobat software to preserve the remainder of the website. A true
7 and correct copy of the remainder of the website www.SBALoanProgram.com is available upon
8 request, as the web capture is over three hundred pages.
9

10 38. On April 15, 2020, I visited the website of Ponte Investments, LLC at
11 www.SBALoanProgram.com. I used a feature in the desktop browser that allowed me to view a
12 mobile version, specifically for an iPhone X, of the website. In addition to the home page, I
13 viewed the Paycheck Protection Program web page where consumers can submit loan
14 applications. The company’s logo on this web page reads “SBA Loan Program.” True and
15 correct copies of the mobile version of these pages of the website www.SBALoanProgram.com
16 are appended hereto as *Attachment E*.
17

18 39. FTC staff also conducted searches of Defendants’ website, including a
19 webcapture using Adobe Acrobat software on March 30, 2020. A true and correct copy of that
20 capture of the website www.SBALoanProgram.com is appended hereto as *Attachment F*.
21

22 **VI. UNDERCOVER CALL**

23 40. As part of my investigation, I conducted an undercover call to the telephone
24 number Ponte Investments advertises on its website – www.SBALoanProgram.com – 1 (888)
25 982-8380. Identifying myself as the manager of a fictitious business, I talked to a representative
26 of the Corporate Defendant, Ponte Investments, LLC.

A. Call with SBA Loan Program

41. On April 16, 2020, I spoke with a female representative of Ponte Investments, LLC at (888) 982-8380.

42. Upon picking up the call, she announced that I had reached the “SBA Loan Program” and asked how she could help me. As I began to ask questions, the representative remarked that she had other calls coming in that she needed to answer. I then asked her whether SBA Loan Program is a U.S. Small Business Administration lender that can approve a Paycheck Protection Program loan, to which she replied, “Yes, we are.”

43. I asked the representative whether SBA Loan Program would review my firm’s credit or if SBA Loan Program would send it through another lender. She responded, “Right now, we’ll send it through another lender, but next week we’ll be doing our own funding. We’re just waiting for the guidelines to be clarified by the government and the SBA.”

44. The representative asked me a question about going through my firm’s bank, but as I began to answer, she cut in to say that she had other calls coming through the switchboard that she needed to answer. She then transferred me to the extension of another representative, Natalya Pontz, who did not answer. I reached Ms. Pontz’s voicemail, but I did not leave a message.

I declare under penalty of perjury that the foregoing is true and correct.

Executed this 17th day of April, 2020.

/s/ Rufus L. M. Jenkins
RUFUS L. M. JENKINS, MBA, CPA, CFE

ATTACHMENT A

RI SOS Filing Number: 201179160920 Date: 05/20/2011 12:14 PM



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$150.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Articles of Organization**

(Chapter 7-16-6 of the General Laws of Rhode Island, 1956, as amended)

ARTICLE I

The name of the limited liability company is: Ponte Investments, LLC

ARTICLE II

The street address (post office boxes are not acceptable) of the limited liability company's registered agent in Rhode Island is:

No. and Street: 18 IMPERIAL PLACE, SUITE 1G

City or Town: PROVIDENCE

State: RI

Zip: 02903

The name of the resident agent at such address is: ALFRED T. MARCIANO, CPA

ARTICLE III

Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as:

Check one box only

☐ a partnership ☒ a corporation ☐ disregarded as an entity separate from its member

ARTICLE IV

The address of its principal office of the limited liability company if it is determined at the time of organization:

No. and Street: 18 IMPERIAL PLACE, SUITE 1G

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

ARTICLE V

The limited liability company has the purpose of engaging in any lawful business, unless a more limited purpose is set forth in Article VI of these Articles of Organization.

The period of its duration is: ☐ Perpetual ☐

ARTICLE VI

Additional provisions, if any, not inconsistent with law, which members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or any other provision which may be included in an operating agreement:

ARTICLE VII

The limited liability company is to be managed by its X Members or Managers (check one)
(If managed by Members, go to ARTICLE VIII)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

ARTICLE VIII

The date these Articles of Organization are to become effective, not prior to, nor more than 30 days after the filing of these Articles of Organization.

Later Effective Date:

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 20 Day of May, 2011 at 12:20:45 PM by the Authorized Person.

ALFRED T. MARCIANO, CPA

Address of Authorized Signer:

18 IMPERIAL PLACE, SUITE 1G
PROVIDENCE, RI 02903

Form No. 400
Revised 09/07

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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:
May 20, 2011 12:14 PM

A handwritten signature in black ink, appearing to read "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State



RI SOS Filing Number: 201299146080 Date: 10/10/2012 8:55 AM

**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2012**1. ID No. 000668211****2. Exact Name of the Limited Liability Company Ponte Investments, LLC****3. State of Formation**State: RI**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**Mortgage Brokerage**5. Principal Office Address**No. and Street: 18 IMPERIAL PLACE, SUITE 1GCity or Town: PROVIDENCEState: RIZip: 02903Country: USA**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 18 IMPERIAL PLACE, SUITE 1GCity or Town: PROVIDENCEState: RIZip: 02903Country: USA**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**ALFRED T. MARCIANO, CPA 18 IMPERIAL PLACE, SUITE 1G PROVIDENCE , RI 02903**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

Signed this 10 Day of October, 2012 at 8:56:21 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ALFRED T MARCIANO, CPA
Signature of Authorized Person

Form No. 632
Revised 09/07

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RI SOS Filing Number: 201201415190 Date: 10/23/2012 3:16 PM



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2012

1. ID No. 000668211

2. Exact Name of the Limited Liability Company Ponte Investments, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Real Estate

5. Principal Office Address

No. and Street: 18 IMPERIAL PLACE, SUITE 1G

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ALFRED T MARCIANO Contact Title: CPA

No. and Street: 18 IMPERIAL PLACE, SUITE 1G

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

ALFRED T. MARCIANO, CPA 18 IMPERIAL PLACE, SUITE 1G PROVIDENCE , RI 02903

Signed this 23 Day of October, 2012 at 3:16:26 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are

true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By ALFRED T MARCIANO, CPA

Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:
October 23, 2012 3:16 PM

A handwritten signature in black ink, appearing to read "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State



RI SOS Filing Number: 201330179570 Date: 10/31/2013 9:18 AM

**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013**1. ID No.** 000668211**2. Exact Name of the Limited Liability Company** Ponte Investments, LLC**3. State of Formation**State: RI**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**Real Estate**5. Principal Office Address**No. and Street: 18 IMPERIAL PLACE, SUITE 1GCity or Town: PROVIDENCEState: RI Zip: 02903 Country: USA**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 18 IMPERIAL PLACE, SUITE 1GCity or Town: PROVIDENCEState: RI Zip: 02903 Country: USA**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**ALFRED T. MARCIANO, CPA 18 IMPERIAL PLACE, SUITE 1G PROVIDENCE , RI 029030-7312-0
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of October, 2013 at 9:20:50 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ALFRED T. MARCIANO, CPA
Signature of Authorized Person

Form No. 632
Revised 09/07

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RI SOS Filing Number: 201554453380 Date: 02/02/2015 12:24 PM

**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014**1. ID No.** 000668211**2. Exact Name of the Limited Liability Company** Ponte Investments, LLC**3. State of Formation**State: RI**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**SBA Loans for business and home mortgages thru a FDIC insured intuition
Business consulting and Real Estate development**5. Principal Office Address**No. and Street: 18 IMPERIAL PLACE, SUITE 1GCity or Town: PROVIDENCEState: RI Zip: 02903 Country: USA**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**Contact Name: JOHN PONTE Contact Title: MANAGING MEMBERNo. and Street: 18 IMPERIAL PLACE, SUITE 1GCity or Town: PROVIDENCEState: RI Zip: 02903 Country: USA**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**ALFRED T. MARCIANO, CPA 18 IMPERIAL PLACE, SUITE 1G PROVIDENCE , RI 02903

C-5477-0

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 2 Day of February, 2015 at 12:27:50 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOHN C PONTE
Signature of Authorized Person

Form No. 632
Revised 09/07

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RI SOS Filing Number: 201561385410 Date: 05/04/2015 8:44 AM

Filing Fee: \$50.00

ID Number: 668211



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

2015 MAY -4 AM 8:44
SECRETARY OF STATE
CORPORATIONS DIV

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is:
Ponte Investments LLC
2. The fictitious business name to be used is SBA Loan Program.com
3. The state or territory under the laws of which it is incorporated, organized or formed is Rhode Island
4. The date of incorporation, organization or formation is May 20, 2011
5. If a business corporation, the address of its registered office within Rhode Island is _____
18 Imperial Place Suite 1G Providence RI 02903
6. If a business corporation, the business in which it is engaged Originate and package SBA and commerical loans
real estate development and business consulting.
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 05/01/2015

Ponte Investments LLC

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

FILED
MAY 04 2015
By 248165
A.A. 8:44A.M.

By [Signature]
Signature of Authorized Officer of the Corporation
or
By [Signature]
Signature of Authorized Person for the Limited Liability Company
or
By _____
Signature of Authorized Person for the Limited Partnership



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 04, 2015 8:44 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State



RI SOS Filing Number: 201573215730 Date: 08/13/2015 9:37 AM

Filing Fee: \$50.00

ID Number: 000668211



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

**ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION**

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2015 AUG 13 AM 9:37

Pursuant to the provisions of Section 7-16-12 of the General Laws of Rhode Island, 1956, as amended, the undersigned limited liability company hereby amends its Articles of Organization as follows:

1. The name of the limited liability company is:

Ponte Investments LLC

2. The Articles of Organization of the limited liability company as amended or restated to date are amended as follows:

[Insert Amendment(s)]

(If additional space is required, please list on separate attachment)

Article IV- Principal office address is to be changed to 42 Ladd Street Unit 315 East Greenwich, RI 02818

3. The effective date of this amendment, if later than the date of the filing of these Articles of Amendment, is:

(not prior to, nor more than 30 days after, the filing of these Articles of Amendment)

Under penalty of perjury, I declare and affirm that I have examined these Articles of Amendment, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 08/13/2015

Ponte Investments, LLC

Print Name of Limited Liability Company

By [Signature]

Signature of Authorized Person

FILED

AUG 13 2015

By ade 9:37am
254522



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

August 13, 2015 9:37 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State



RI SOS Filing Number: 201692539920 Date: 02/17/2016 4:00 PM



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2015**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000668211		2. Exact name of the limited liability company Ponte Investments LLC	
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island SBA and other business loans arranged through third party providers , real estate acquisition adn developement, and business consulting serivces	
5. Principal office address 5700 Post Road		City East Greenwich	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John Ponte		Contact Title Managing Member	
Street Address 18 Imperial Place Suite 1G		City Providence	State RI
		Zip 02903	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
City	State	Zip	
8. RESIDENT AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.			

FILED

FEB 17 2016

By 267756
KM

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 FEB 17 AM 8:58

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

02/16/2016

Signature of Authorized Person

Date

John C. Ponte

Print or Type Name of Authorized Person

RI SOS Filing Number: 201608585450 Date: 09/09/2016 10:43 AM

**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016**1. ID No.** 000668211**2. Exact Name of the Limited Liability Company** Ponte Investments, LLC**3. State of Formation**State: RI**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code **4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**SBA AND OTHER BUSINESS LOANS ARRANGED THROUGH THIRD PARTY PROVIDERS,
REAL
ESTATE ACQUISITIONS, DEVELOPMENT AND BUSINESS CONSULTING SERVICES**5. Principal Office Address**No. and Street: 5700 POST ROADCity or Town: EAST GREENWICHState: RIZip: 02818Country: USA**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**Contact Name: JOHN PONTE Contact Title: MANAGING MEMBERNo. and Street: 18 IMPERIAL PLACE, SUITE 1DCity or Town: PROVIDENCEState: RI Zip: 02903 Country: USA**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**
DO NOT LIST MEMBERS

C-7197-0

Title

Individual Name

First, Middle, Last, Suffix

Address

Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ALFRED T. MARCIANO, CPA 18 IMPERIAL PLACE, SUITE 1G PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 9 Day of September, 2016 at 10:45:51 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JOHN PONTE
Signature of Authorized Person

Form No. 632
Revised 09/07

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All Rights Reserved

RI SOS Filing Number: 201608606740 Date: 09/09/2016 11:18 AM



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Statement of Change of Office

DOMESTIC or FOREIGN Limited Liability Company

→ No Filing Fee

Pursuant to the provisions of RIGL 7-16-11 the undersigned limited liability company submits the following statement for the purpose of changing its resident office in the State of Rhode Island:

1. Entity ID Number 668211		2. Exact Name of the Limited Liability Company PONTE INVESTMENTS, LLC	
3. The address of the resident office as PRESENTLY shown in the records on file with the RI Department of State:			
Street Address 18 IMPERIAL PLACE, SUITE 1G			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02903	
4. The address of the NEW resident office is:			
Street Address (<u>NOT</u> a P.O. Box) 18 IMPERIAL PLACE, SUITE 1D			
City/Town PROVIDENCE	State RHODE ISLAND	Zip 02903	
5. Date when this Statement of Change of Resident Agent will be effective: CHECK ONLY ONE BOX			
☒ Date received (Upon filing)			
☐ Later effective date (Date must be no more than 30 days from the day of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Resident Agent by the Limited Liability Company, and that all statements contained herein are true and correct.</i>			
Name of Authorized Person of the Limited Liability Company ALFRED T. MARCIANO, CPA			Date 9/7/16
Signature of Authorized Person of the Limited Liability Company  SIGN DOCUMENT HERE			

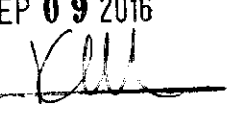
MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

11:18 AM

FILED

SEP 09 2016

By 



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

September 09, 2016 11:18 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State



To: Page 2 of 5
Division of Corporations

M17 0000007536

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H170002328523)))



H170002328523ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (950) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 419-6949
Fax Number : (954) 208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
PONTE INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

FILED
17 AUG 29 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 AUG 29 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

To: Page 3 of 5

2017-08-29 11:05:40 CST

12122023573 From: Kimberly Laughrey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PONTE INVESTMENTS, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Angel Dominguez

Name of Person

Charland, Marciano & Company, CPAs, LLP

Firm/Company

18 Imperial Pl Unit 1D

Address

Providence, RI 02903-4642

City/State and Zip Code

amd@cm-cpas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Kimberly Steinmetz

888

201-6278

Name of Contact Person

at (

_____) Area Code

_____) Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☐ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

To: Page 4 of 5

2017-08-29 11:05:40 CST

12122023573 From: Kimberly Laughrey

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDAIN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Ponte Investments, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Ponte Investments of Florida LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited
Liability Company," "L.L.C.," or "LLC.")

2. Rhode Island

3. 45-2346345

(Jurisdiction under the law of which foreign limited liability
company is organized)

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 1779 So. Pinellis Ave, Suite 400

Tarpon Springs, FL 34689

(Street Address of Principal Office)

6. 18 Imperial Place Suite 1D

Providence, RI 02903

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

C T Corporation System

Office Address:

1200 South Pine Island Road

Plantation

Florida 33324

(City)

(Zip code)

Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place
designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree
to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.*

By:

Kimberly Steinmetz
(Registered agent's signature)

Kimberly Steinmetz

Vice President and Assistant Secretary

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

John C. Ponte, Member 18 Imperial Place Suite 1D Providence, RI 02903

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the
jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath
of the translator must be submitted.)John C. Ponte
Signature of an authorized personThis document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information
submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

John C. Ponte, Member

Typed or printed name of signee

FILED
17 AUG 14 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200

To: Page 5 of 5

2017-08-29 11:05:40 CST

12122023573 From: Kimberly Laughrey



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

CERTIFICATE OF GOOD STANDING

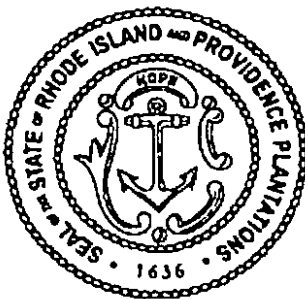
I, Nellie M. Gorbea, Secretary of State and custodian of the seal and corporate records of the State of Rhode Island and Providence Plantations, hereby certify that:

PONTE INVESTMENTS, LLC

is a Rhode Island Limited Liability Company organized on **May 20, 2011**.

I further certify that revocation proceedings are not pending; articles of dissolution have not been filed; all annual reports are of record and the company is active and in good standing with this office.

This certificate is not to be considered as a notice of the company's tax status, financial condition or business practices; such information is not available from this office.

SIGNED and SEALED on**August 24, 2017****Secretary of State**

Certificate Number: 17080082440

Verify this Certificate at: <http://business.sos.ri.gov/CorpWeb/Certificates/Verify.aspx>

Processed by: dantonelli

RI SOS Filing Number: 201752290750 Date: 10/26/2017 12:08:00 PM



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. ID No. 000668211

2. Exact Name of the Limited Liability Company PONTE INVESTMENTS, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

522310

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

SBA AND OTHER BUSINESS LOANS ARRANGED THROUGH THIRD PARTY PROVIDERS,
REAL
ESTATE ACQUISITIONS, DEVELOPMENT AND BUSINESS CONSULTING SERVICES

5. Principal Office Address

No. and Street: 5700 POST ROAD

City or Town: EAST GREENWICH

State: RI

Zip: 02818

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ALFRED T. MARCIANO Contact Title: CPA

No. and Street: 18 IMPERIAL PLACE, SUITE 1D

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ALFRED T. MARCIANO, CPA 18 IMPERIAL PLACE, SUITE 1D PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 26 Day of October, 2017 at 12:15:57 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ALFRED T. MARCIANO, CPA
Signature of Authorized Person

Form No. 632
Revised 09/07

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DOCUMENT# M17000007536

Entity Name: PONTE INVESTMENTS OF FLORIDA LLC

Current Principal Place of Business:

1779 SO. PINELLAS AVE SUITE 400
TARPON SPRINGS, FL 34689

Current Mailing Address:

18 IMPERIAL PLACE SUITE 1D
PROVIDENCE, RI 02903 US

FEI Number: 45-2346345

Certificate of Status Desired: Yes

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 MBR
Name PONTE, JOHN C
Address 18 IMPERIAL PLACE SUITE 1D
City-State-Zip: PROVIDENCE RI 02903

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: JOHN C PONTE

PRESIDENT

04/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

RI SOS Filing Number: 201875263970 Date: 8/22/2018 4:21:00 PM



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 000668211

2. Exact Name of the Limited Liability Company PONTE INVESTMENTS, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

522310

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

SBA AND OTHER BUSINESS LOANS ARRANGED THROUGH THIRD PARTY PROVIDERS,
REAL
ESTATE ACQUISITIONS, DEVELOPMENT AND BUSINESS CONSULTING SERVICES

5. Principal Office Address

No. and Street: 5700 POST ROAD

City or Town: EAST GREENWICH

State: RI

Zip: 02818

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: ALFRED T MARCIANO Contact Title: CPA

No. and Street: 18 IMPERIAL PLACE, SUITE 1D

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ALFRED T. MARCIANO, CPA 18 IMPERIAL PLACE, SUITE 1D PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 22 Day of August, 2018 at 4:23:09 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ALFRED T MARCIANO, CPA
Signature of Authorized Person

Form No. 632
Revised 09/07

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RI SOS Filing Number: 201882773000 Date: 12/17/2018 4:23:00 PM



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2018

1. ID No. 000668211

2. Exact Name of the Limited Liability Company PONTE INVESTMENTS, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

522310

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

SBA AND OTHER BUSINESS LOANS ARRANGED THROUGH THIRD PARTY PROVIDERS,
REAL
ESTATE ACQUISITIONS, DEVELOPMENT AND BUSINESS CONSULTING SERVICES

5. Principal Office Address

No. and Street: 1300 DIVISION ROAD, STE 305

City or Town: WEST WARWICK

State: RI Zip: 02893 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 18 IMPERIAL PLACE, SUITE 1D

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ALFRED T. MARCIANO, CPA 18 IMPERIAL PLACE, SUITE 1D PROVIDENCE , RI 02903

Signed this 17 Day of December, 2018 at 4:23:45 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ALFRED T. MARCIANO, CPA
Signature of Authorized Person

Form No. 632
Revised 09/07

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RI SOS Filing Number: 201882773000 Date: 12/17/2018 4:23:00 PM



State of Rhode Island and Providence Plantations

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

December 17, 2018 04:23 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State



RI SOS Filing Number: 201915594350 Date: 8/26/2019 2:30:00 PM



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. ID No. 000668211

2. Exact Name of the Limited Liability Company PONTE INVESTMENTS, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

522310

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

SBA AND OTHER BUSINESS LOANS ARRANGED THROUGH THIRD PARTY PROVIDERS,
REAL
ESTATE ACQUISITIONS, DEVELOPMENT AND BUSINESS CONSULTING SERVICES

5. Principal Office Address

No. and Street: 1300 DIVISION ROAD, STE 305

City or Town: WEST WARWICK

State: RI Zip: 02893 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 18 IMPERIAL PLACE, SUITE 1D

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ALFRED T. MARCIANO, CPA 18 IMPERIAL PLACE, SUITE 1D PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 26 Day of August, 2019 at 2:32:42 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ALFRED T. MARCIANO, CPA
Signature of Authorized Person

Form No. 632
Revised 09/07

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All Rights Reserved

RI SOS Filing Number: 202031531890 Date: 1/9/2020 1:41:00 PM



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2019

1. ID No. 000668211

2. Exact Name of the Limited Liability Company PONTE INVESTMENTS, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

522310

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

SBA AND OTHER BUSINESS LOANS ARRANGED THROUGH THIRD PARTY PROVIDERS
AND
BUSINESS CONSULTING SERVICES

5. Principal Office Address

No. and Street: 1300 DIVISION ROAD, STE 305

City or Town: WEST WARWICK

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No. and Street: 18 IMPERIAL PLACE, SUITE 1D

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**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ALFRED T. MARCIANO, CPA 18 IMPERIAL PLACE, SUITE 1D PROVIDENCE , RI 02903

Signed this 9 Day of January, 2020 at 1:41:14 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ALFRED T. MARCIANO, CPA
Signature of Authorized Person

Form No. 632
Revised 09/07

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RI SOS Filing Number: 202031531890 Date: 1/9/2020 1:41:00 PM



State of Rhode Island and Providence Plantations

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

January 09, 2020 01:41 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State



Detail by Entity Name

Foreign Limited Liability Company
PONTE INVESTMENTS OF FLORIDA LLC

Cross Reference Name

PONTE INVESTMENTS, LLC

Filing Information

Document Number	M17000007536
FEI/EIN Number	45-2346345
Date Filed	08/29/2017
State	RI
Status	INACTIVE
Last Event	REVOKED FOR ANNUAL REPORT
Event Date Filed	09/27/2019
Event Effective Date	NONE

Principal Address

1779 SO. PINELLAS AVE SUITE 400
TARPON SPRINGS, FL 34689

Mailing Address

18 IMPERIAL PLACE SUITE 1D
PROVIDENCE, RI 02903

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Authorized Person(s) Detail

Name & Address

Title MBR

PONTE, JOHN C
18 IMPERIAL PLACE SUITE 1D
PROVIDENCE, RI 02903

Annual Reports

Report Year	Filed Date
2018	04/24/2018

Document Images

[04/24/2018 -- ANNUAL REPORT](#) [View image in PDF format](#)

[08/29/2017 -- Foreign Limited](#) [View image in PDF format](#)

ATTACHMENT B

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L14000161684
FILED 8:00 AM
October 16, 2014
Sec. Of State
ermccaskill

Article I

The name of the Limited Liability Company is:
PONTE INVESTMENTS OF FLORIDA LLC

Article II

The street address of the principal office of the Limited Liability Company is:
1415 BEAR ISLAND DR
WEST PALM BEACH, FL. 33409

The mailing address of the Limited Liability Company is:
1415 BEAR ISLAND DR
WEST PALM BEACH, FL. 33409

Article III

Other provisions, if any:
ANY AND ALL LAWFUL PURPOSE

Article IV

The name and Florida street address of the registered agent is:
LAW OFFICES OF PAUL A HERMAN PA
902 CLINT MOORE RD
142
BOCA RATON, FL. 33487

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: PAUL A HERMAN

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR
CHARLES E LAND
1415 BEAR ISLAND DR
WEST PALM BEACH, FL. 33409

Title: CEO
JOHN C PONTE
1415 BEAR ISLAND DR
WEST PALM BEACH, FL. 33409

Title: MGR
ANNETTE F PICERNE
1415 BEAR ISLAND DR
WEST PALM BEACH, FL. 33409

L14000161684
FILED 8:00 AM
October 16, 2014
Sec. Of State
ermccaskill

Article VI

The effective date for this Limited Liability Company shall be:

10/10/2014

Signature of member or an authorized representative

Electronic Signature: PAUL A HERMAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Limited Liability Company

PONTE INVESTMENTS OF FLORIDA LLC

Filing Information

Document Number	L14000161684
FEI/EIN Number	47-2090855
Date Filed	10/16/2014
Effective Date	10/10/2014
State	FL
Status	INACTIVE
Last Event	ADMIN DISSOLUTION FOR ANNUAL REPORT
Event Date Filed	09/25/2015
Event Effective Date	NONE

Principal Address

1640 PRESIDENTIAL WAY, UNIT A105
WEST PALM BEACH, FL 33401

Changed: 10/30/2014

Mailing Address

1415 BEAR ISLAND DR
WEST PALM BEACH, FL 33409

Registered Agent Name & Address

LAW OFFICES OF PAUL A HERMAN PA
902 CLINT MOORE RD
142
BOCA RATON, FL 33487

Authorized Person(s) Detail

Name & Address

Title MGR

LAND, CHARLES E
1415 BEAR ISLAND DR
WEST PALM BEACH, FL 33409

Title CEO

PONTE, JOHN C
1415 BEAR ISLAND DR
WEST PALM BEACH, FL 33409

Title MGR

PICERNE, ANNETTE F
1415 BEAR ISLAND DR
WEST PALM BEACH, FL 33409

Annual Reports

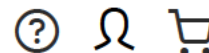
No Annual Reports Filed

Document Images

[10/16/2014 -- Florida Limited Liability](#)

[View image in PDF format](#)

ATTACHMENT C



Search the WHOIS Database

Search[Private Registration](#)[Local listings](#)

WHOIS search results

Domain Name: sbaloanprogram.com

Registry Domain ID: 1894462848_DOMAIN_COM-VRSN

Registrar WHOIS Server: whois.godaddy.com

Registrar URL: <http://www.godaddy.com>

Updated Date: 2020-01-07T11:53:47Z

Creation Date: 2015-01-06T21:34:18Z

Registrar Registration Expiration Date: 2021-01-06T21:34:18Z

Registrar: GoDaddy.com, LLC

Registrar IANA ID: 146

Registrar Abuse Contact Email: abuse@godaddy.com

Registrar Abuse Contact Phone: +1.4806242505

Domain Status: clientTransferProhibited <http://www.icann.org/epp#clientTransferProhibited>

Domain Status: clientUpdateProhibited <http://www.icann.org/epp#clientUpdateProhibited>

Domain Status: clientRenewProhibited <http://www.icann.org/epp#clientRenewProhibited>

Domain Status: clientDeleteProhibited <http://www.icann.org/epp#clientDeleteProhibited>

Registry Registrant ID: Not Available From Registry

Registrant Name: Richard Ponte

Registrant Organization:

Registrant Street: [REDACTED]

Registrant City: Warwick

Registrant State/Province: Rhode Island

Registrant Postal Code: 02889

Registrant Country: US

Registrant Phone: +1.401 [REDACTED]

Registrant Phone Ext:

Registrant Fax:

Registrant Fax Ext:

Registrant Email: rponte

Registry Admin ID: Not Available From Registry

Admin Name: Richard Ponte

Admin Organization:

Admin Street:

Admin City: Warwick

Admin State/Province: Rhode Island

Admin Postal Code: 02889

Admin Country: US

Admin Phone: +1.401

Admin Phone Ext:

Admin Fax:

Admin Fax Ext:

Admin Email: rponte

Registry Tech ID: Not Available From Registry

Tech Name: Richard Ponte

Tech Organization:

Tech Street:

Tech City: Warwick

Tech State/Province: Rhode Island

Tech Postal Code: 02889

Tech Country: US

Tech Phone: +1.401

Tech Phone Ext:

Tech Fax:

Tech Fax Ext:

Tech Email: rponte

Name Server: NS09.DOMAINCONTROL.COM

Name Server: NS10.DOMAINCONTROL.COM

DNSSEC: unsigned

URL of the ICANN WHOIS Data Problem Reporting System: <http://wdprs.internic.net/>

>>> Last update of WHOIS database: 2020-04-16T16:00:00Z <<<

For more information on Whois status codes, please visit

<https://www.icann.org/resources/pages/epp-status-codes-2014-06-16-en>

Notes:

IMPORTANT: Port43 will provide the ICANN-required minimum data set per

ICANN Temporary Specification, adopted 17 May 2018.

Visit <https://whois.godaddy.com> to look up contact data for domains not covered by GDPR policy.

The data contained in GoDaddy.com, LLC's Whois database, while believed by the company to be reliable, is provided "as is" with no guarantee or warranties regarding its accuracy. This information is provided for the sole purpose of assisting you in obtaining information about domain name registration records.

Any use of this data for any other purpose is expressly forbidden without the prior written permission of GoDaddy.com, LLC. By submitting an inquiry, you agree to these terms of usage and limitations of warranty. In particular, you agree not to use this data to allow, enable, or otherwise make possible, dissemination or collection of this data, in part or in its entirety, for any purpose, such as the transmission of unsolicited advertising and solicitations of any kind, including spam. You further agree not to use this data to enable high volume, automated or robotic electronic processes designed to collect or compile this data for any purpose, including mining this data for your own personal or commercial purposes.

Please note: the registrant of the domain name is specified in the "registrant" section. In most cases, GoDaddy.com, LLC is not the registrant of domain names listed in this database.

[See Underlying Registry Data](#) | [Contact Domain Holder](#) | [Report Invalid Whois](#)

Want to buy this domain?

Get it with our Domain Broker Service.

Go

Is this your domain?

Add hosting, email and more.

Go

Get our newsletter, join the community:

SIGN UP

We love taking your call.

GoDaddy guides



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[GoDaddy Pro](#)

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[My Account](#)

[My Renewals](#)

[Create Account](#)

Shopping

[Domains](#)

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ATTACHMENT D

CARES Act Paycheck Protection Program

close

WE ARE A DIRECT LENDER FOR THE PPP LOAN PROGRAM!

Paycheck Protection Program questions? Can't get your bank to answer the phone? Get the personal attention you need. Our staff are here to help.



On March 27, 2020, the CARES Act was signed into law making the SBA Paycheck Protection Program disaster loan available to small business owners.

Program highlights are:

No Collateral

No Personal Guaranty

No Fees

No SBA Guaranty Fees

For answers to frequently asked questions click [HERE](#) If you are ready to begin the application process, [Apply Here](#).

ATTACHMENT E

CLOSE

CARES Act Paycheck Protection Program

Paycheck Protection Program questions? Can't get your bank to answer the phone? Get the personal attention you need. Our staff are here to help.



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Program highlights are:

No Collateral

No Personal Guaranty

No Fees

No SBA Guaranty Fees

For answers to frequently asked questions click [HERE](#) If you are ready to begin the application process, [Apply Here](#).



Call Us 888-982-8380

Paycheck Protection Program

CARES Act Paycheck Protection Program



The Paycheck Protection Program is being processed through lenders across the country participating in this program. No fee, No collateral, and No personal guaranty required. Lending is at a fixed 1.00% interest rate for two years and the SBA guaranty fee is waived. Apply now!

Are you a US citizen or permanent resident alien? *

☐ Yes

☐ No

Was your business operating on or before February 15, 2020? *

☐ Yes

☐ No

Do you have delinquent child support? *

☐ Yes

☐ No

Do you or your business currently owe back income or other employment taxes? *

☐ Yes

☐ No

Is the business or any owner excluded by any Federal department or agency from participation in any federal program or presently involved in any bankruptcy? *

☐ Yes

☐ No

Is the business, any of its owners, or any affiliates currently delinquent or has defaulted on any Federal loan or guarantee in the last 7 years? *

☐ Yes

☐ No

Are you or any other owners presently subject to indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction, or presently incarcerated, on probation, or parole? *

☐ Yes

☐ No

Within the last 7 years, for any felony or misdemeanor for a crime against a minor, have you:
1.) Been convicted: 2.) Pleaded guilty, 3.) Pleaded nolo contendere: 4.) been placed on pretrial diversion: or 5.) been placed on any form or parole or probation (including before judgment)? *

☐ Yes

☐ No

2019 Year End Payroll Amount *

Average monthly payroll costs for 2019? *

Monthly Payroll x 2.5= *

Legal Name of Business as it Appears on Tax Returns *

Type of Entity *

Years in Business? *

Business Address *

Street Address

Address Line 2

City

State

ZIP Code

Best phone number to reach you at? *

Email *

Federal Tax ID/EIN *

Last year business tax returns filed? *

Principal Name *

First

Last

Percentage of Ownership *

How many owners with greater than 20% interest in your company? *

Cell Phone *

Gross Revenue 2019 *

of Employees *

How did you hear about us? *

Applicant's Certification: By submitting this application I/We are certifying that the information is correct to the best of my knowledge. I/We understand that the application will be retained whether or not approved. I/We are authorizing Ponte Investments, LLC, and their agents and/or affiliates to check /our credit and background history from time to time with any source and to answer questions relating to the credit experience with me/us. To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. *

☐ Accept

☐ Reject

SUBMIT

*This program follows the regulations of the Paycheck Protection Program. The money from the Paycheck Protection Program loan must be used for payroll, utilities, and/or business rent/mortgage purposes.

** If after normal business hours (9am EST – 5pm EST) you'll get your approval the next business day.

*** We are not the US Government, If you wish to apply for a Disaster Relief Loan follow this link to the SBA website www.sba.gov/disaster. The Paycheck Protection Program is not provided by the SBA.

- ▶ Why SBA Loan Program
- ▶ Terms and Conditions
- ▶ Testimonials
- ▶ Inquire Here
- ▶ Paycheck Protection Program



CONTACTS

 1300 Division Road, Suite 305 West Warwick, RI 02893, USA

 Phone: 888-982-8380

 Email: info@sbaloanprogram.com

 Website: sbaloanprogram.com

ABOUT

What does the SBA offer to small business owners? The loan programs are many and varied, and the qualifications for each are specific. The SBA provides a number of financial assistance programs for small businesses that have been specifically designed to meet key financing needs, including debt financing, surety bonds, and equity financing.

OFFICE HOURS

Monday through Friday
9am to 6pm EST

See our **86** reviews on  Trustpilot



[Request Info](#)

[FAQs](#)

[Debt Calculator](#)

RECENT POSTS

[BBB warning small business owners to be aware of fake SBA grants](#)

April 13, 2020

[PPP loan applications in limbo at nation's banks](#)

April 9, 2020

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ATTACHMENT F



Call Us 888-982-8380

Paycheck Protection Program

Low Interest Stimulus Relief Funding...



We are currently offering stimulus relief funding under the Economic Security Act (Cares Act). No collateral or personal guaranty required. Lending is at a fixed 4% interest rate and the SBA guaranty fee is waived. Apply now for same-day** approval...

On Line Application



Legal Name of Business as it Appears on Tax Returns *

Type of Entity *

Years in Business? *

Business Address *

Street Address

Address Line 2

City

State

ZIP Code

Business Phone Number *

Best phone number to reach you at? *

Best Time to Call? *



Federal Tax ID/EIN *

2019 Year End Payroll Amount *

Principal Name *

First

Last

Percentage of Ownership *

Personal Address *

Street Address

Address Line 2

City

State

ZIP Code

Date of Birth *



Social Security Number *

Cell Phone *

Gross Revenue 2019 *

of Employees *

Have you ever been arrested, convicted, or diverted for any felony or misdemeanors? *

☐ Yes

☐ No

Are you a US citizen or permanent resident alien? *

☐ Yes

☐ No

Have you ever had an SBA loan or other government loan go into default? *

☐ Yes

☐ No

Do you or your business currently owe back income or other employment taxes? *

☐ Yes

☐ No

Where did you hear about us? *



Applicant's Certification: By submitting this application I/We are certifying that the information is correct to the best of my knowledge. I/We understand that the application will be retained whether or not approved. I/We are authorizing Ponte Investments, LLC, and their agents and/or affiliates to check /our credit and background history from time to time with any source and to answer questions relating to the credit experience with me/us. To help the government fight the funding of terrorism and money laundering activities, Federal Law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. *

☐ Accept

☐ Reject

SUBMIT

*This program follows the regulations of the Paycheck Protection Program. The money from the Paycheck Protection Program loan must be used for payroll, utilities, and/or business rent/mortgage purposes.

** If after normal business hours (9am EST – 5pm EST) you'll get your approval the next business day.

*** We are not the US Government, If you wish to apply for a Disaster Relief Loan follow this link to the SBA website www.sba.gov/disaster. The Paycheck Protection Program is not provided by the SBA.



- ▶ Why SBA Loan Program
- ▶ Terms and Conditions
- ▶ Testimonials
- ▶ Inquire Here
- ▶ Paycheck Protection Program



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Monday through Friday
9am to 6pm EST

See our **84** reviews on ★



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[FAQs](#)

[Debt Calculator](#)

RECENT POSTS

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January 2, 2019

 [New Sales Tax Rules Affect Certain Small Businesses Across the U.S.](#)
December 18, 2018

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