

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214529645

1.) CORPORATION NAME:

DUE DATE: **6/30/2014**

Opportunity Finance Network

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1793589**

**RALS VA, LLC
7288 HANOVER GREEN DRIVE
MECHANICSVILLE, VA**

5.) STOCK INFORMATION

CLASS AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 620 CHESNUT ST THE PUBLIC LEDGER BLDG STE 572

CITY/ST/ZIP: PHILADELPHIA, PA 19106

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: MARK PINSKY OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: 620 CHESTNUT STREET
STE 572
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19106

NAME: ALAN BRANSON OFFICER DIRECTOR
TITLE: TREASURER
ADDRESS: 4 OLD RIVER PLACE
SUITE A
CITY/ST/ZIP/CO: JACKSON, MS 39202

NAME: FRANCIS LUTZ OFFICER DIRECTOR
TITLE: ASST SECRETARY
ADDRESS: 620 CHESTNUT STREET, SUITE 572
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19106

NAME: TRINITA LOGUE OFFICER DIRECTOR
TITLE: CHAIRMAN
ADDRESS: ONE NORTH LASALLE SUITE 700
CITY/ST/ZIP/CO: CHICAGO, IL 60602

NAME: MARY ROGIER OFFICER DIRECTOR
TITLE: VICE CHAIRMAN
ADDRESS: 870 MARKET STREET, SUITE 667
CITY/ST/ZIP/CO: SAN FRANCISCO, CA 94102

NAME: CATHERINE DOLAN OFFICER DIRECTOR
TITLE: SECRETARY
ADDRESS: 620 CHESTNUT STREET
SUITE 572
CITY/ST/ZIP/CO: PHILADELPHIA, PA 19106

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JIM KING DIRECTOR 106 PASCO STREET STE 401 BEREA, KY 40403	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GUSTAVO LASALA DIRECTOR 111 WEST ST. JOHN STREET SUITE 800 SAN JOSE, CA 95113	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC BELSKY DIRECTOR 1033 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORI CHATMAN DIRECTOR 70 CORPORATE CENTER 11000 BROKEN LAND PARKWAY, SUITE 700 COLUMBIA, MD 21044	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	INEZ LONG DIRECTOR 301 E. PINE STREET ORLANDO, FL 32801	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN BERDES DIRECTOR PO BOX 826 ILWACO, WA 98624	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PENELOPE DOUGLAS DIRECTOR 901 MISSION STREET SUITE 105 SAN FRANCISCO, CA 94103	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JULIA NELMARK DIRECTOR 119 GRAYSTONE PLAZA SUITE 100 PO BOX 623 DETROIT LAKES, MI 56502-0623	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEITH BISSON DIRECTOR 36 WATER STREET, PO BOX 268 WISCASSET, ME 04578	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID GLASER DIRECTOR 229 E MAINE STREET MISSOULA, MT 59802	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: DONALD BOWEN OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 120 WALL STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10005

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ FRANCIS LUTZ</u>	<u>FRANCIS LUTZ, ASST</u>	<u>6/9/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.