s s	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	reet	
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>000799856</u>			
2. Exact Name of the Limited Liability Company <u>1st American Home Loans, LLC</u>			
3. State of Formation			
State: <u>CT</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>522310</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in	Rhode Island
RESIDENTIAL MORT	GAGE BROKER		
5. Principal Office Addre	ess		
	POMFRET STREET <u>NAM</u> State	<u>CT</u> Zip: <u>06260</u> C	Country: <u>USA</u>
6. Mailing Address of Li	mited Liability Company and Name	or Title of Contact Perso	on:
	POMFRET STREET		
City or Town: PUTNAM State: CT Zip: 06260 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

ERIN K. WILCOX 944 CHARLESTOWN BEACH ROAD, PO BOX 390 CHARLESTOWN, RI 02813

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

Signed this 19 Day of February, 2019 at 2:56:03 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 <u>KEITH WILCOX</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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