Filing Period: September 1 - November 1 In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing					
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Filing Period: September 1 - November 1 Intractional Colspan="2">Intractional Colspan="2">Intre Colspan= Colspan="2">Intractional Colspan="2">Intracti	S S			S Fee: \$50.00	
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 relusing 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: 2020 1. ID No. 000799856 2. Exact Name of the Limited Liability Company Ist American Home Loans, LLC 3. State of Formation State: CT 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 RESIDENTIAL MORTGAGE BROKER / LENDER 5. Principal Office Address No. and Street: 508 POMFRET STREET City or Town: Contact Title: No. and Street: 508 POMFRET STREET City or Town: Contact Title: No. and Street: 508 POMFRET STREET City or Town: Contact Title: No. and Street: 508 POMFRET STREET City or Town: Contact Title: No. and Street: 508 POMFRET STREET City or Town: City or Town: City or Town: Contact Title: No. and Street: 508 POMFRET STREET City or Town: City or Town:		148 W. River S Providence RI 0290	treet)4-2615		
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DO NOT LIST MEMBERS Title Individual Name Address	No. and Street: 508 F	POMFRET STREET	: <u>CT</u> Zip: <u>06260</u>	Country: <u>USA</u>	
			ility Company, if Appli	cable.	
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name			
		First, Middle, Last, Suffix	Address, City or Town, Sta	ate, 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 16 Day of February, 2020 at 5:54:28 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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