Division Of Business Services         148 W. River Street         Providence RI 02904-2615         (401) 222-3040         Limited Liability Company         Annual Report         Filing Period: February 1 - May 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	State of F Office of the S	hode Island	ate	Fee: \$50.00	
Annual Report Filing Period: February 1 - May 1 Filing Period: February 1 - May 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: 2023 1. ID No. 000799836 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: PUTNAM State: CT Zip: 06260 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 508 POMFRET STREET City or Town: PUTNAM State: CT Zip: 06260 Country: USA 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	Division Of E 148 W. Providence	Business Services River Street RI 02904-2615			
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: 2023 1. ID No. 000799856 2. Exact Name of the Limited Liability Company 1st 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: PUTNAM State: CT Zip: 06260 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 508 POMFRET STREET City or Town: PUTNAM State: CT Zip: 06260 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 508 POMFRET STREET City or Town: PUTNAM State: CT Zip: 06260 Country: USA 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	Limited Liability Company Annual Report Filing Period: February 1 - May 1				
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         ARTICLE III         ARTICLE 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         Astrief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RESIDENTIAL MORTGAGE BROKER / LENDER         So Principal Office Address         No. and Street:       508 POMFRET STREET         City or Town:       PUTNAM       State: CT       zip: 06260       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:         No. and Street:       508 POMFRET STREET         City or Town:       PUTNAM       State: CT       zip: 06260       Country: USA         Contact Title:         No. and Street:       508 POMFRET STREET       Ci	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.				
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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         Article Backer of the Business Which is Actually Conducted in Rhode Island         RESIDENTIAL MORTGAGE BROKER / LENDER         State: CT         Sign Office Address         No. and Street:       508 POMFRET STREET         City or Town:       PUTNAM       State: CT       Zip: 06260       Country: USA         Gentact Title:         No. and Street:       508 POMFRET STREET       Zip: 06260       Country: USA         Gentact Title:         Contact Name: Contact Title:         No. and Street:       508 POMFRET STREET       Zip: 06260       Country: USA         Gentact Title:         No. and Street:       508 POMFRET STREET       Zip: 06260       Country: USA         Gentact Title:         No. and Street:       508 POMFRET STREET       Zip: 06260       Country: USA         Gentact Title:         Not mathematical Street:       State: CT       Zip: 06260       Country: USA	2. Exact Name of the Limited Liability Company <u>1st American Home Loans, LLC</u>				
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Enter the six digit NAICS Code that best describes the primary business conducted by the entity.   Substriation of the Character of the Business Which is Actually Conducted in Rhode Island   RESIDENTIAL MORTGAGE BROKER / LENDER   S. Principal Office Address   No. and Street: 508 POMFRET STREET PUTNAM   City or Town: PUTNAM   State: CT   Contact Name: Contact Title: S08 POMFRET STREET   No. and Street: 508 POMFRET STREET State:   City or Town: PUTNAM   State: CT   Zip: 06260   Country: USA   State: CT Zip: Coefe Country: USA State: CT Zip: 06260 Country: USA Country: USA State: CT Zip: 06260 Country: USA Country: USA	State: <u>CT</u>				
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No. and Street:508 POMFRET STREETState: CTZip: 06260Country: USACity or Town:PUTNAMState: CTZip: 06260Country: USA6. Mailing Address of Limited Liability Company and or TitlerNo. and Street:508 POMFRET STREETState: CTZip: 06260Country: USAContact Name:Contact Title:State: CTZip: 06260Country: USACity or Town:PUTNAMState: CTZip: 06260Country: USA7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	RESIDENTIAL MORTGAGE BROKER / LENI	DER			
City or Town:       PUTNAM       State: CT       Zip: 06260       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       508 POMFRET STREET       Zip: 06260       Country: USA         City or Town:       PUTNAM       State: CT       Zip: 06260       Country: USA         7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11       State: CT       Zip: 06260       Country: USA	5. Principal Office Address				
Contact Name:       Contact Title:         No. and Street:       508 POMFRET STREET         City or Town:       PUTNAM         State:       CT         Zip:       06260         Country:       USA         7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER         Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	<u>500 I OMI KET STREET</u>	State: <u>CT</u>	Zip: <u>06260</u>	Country: <u>USA</u>	
No. and Street:       508 POMFRET STREET         City or Town:       PUTNAM         State:       CT         Zip:       06260         Country:       USA         7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	No. and Street: 508 POMFRET STREET	State: <u>CT</u>	Zip: <u>06260</u>	Country: <u>USA</u>	
	TOWN , <u>RI 02813</u>				

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

**Signed this 6 Day of April, 2023 at 11:35:11 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 <u>ERIN WILCOX</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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