



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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.

1. ID No. 148614		2. Exact name of the limited liability company 1st Alliance Lending, LLC	
3. State of Formation Connecticut		4. Brief description of the character of the business which is actually conducted in Rhode Island Mortgage broker and lender	
5. Principal office address 111 Founders Plaza, Suite 1102		City East Hartford	State CT
		Zip 06108	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name John C. Dilorio		Contact Title Managing Member	
Street Address 111 Founders Plaza, Suite 1102		City East Hartford	State CT
		Zip 06108	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Eric T. Grande, Esq.		Address	
Address 303 Jefferson Blvd		City Warwick	Zip 02888

FILED

DEC 20 2007 9:56

By

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

148614

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.

Signature of Authorized Person

12/19/07  
Date

Huong H. Do, Secretary

Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_

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