



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	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	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	

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FILED

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By KMC
044983 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.

Huong H. Do 12/19/07
Signature of Authorized Person Date
Huong H. Do, Secretary
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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