



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

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 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: 2015

1. ID No. 000487467

2. Exact Name of the Limited Liability Company PREMIA MORTGAGE, LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Residential Mortgage Lender.

5. Principal Office Address

No. and Street: 5480 CORPORATE DRIVE  
SUITE 240

City or Town: TROY State: MI Zip: 48098 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:  
No. and Street: 555 ANTON BLVD, 3RD FLOOR  
ATTENTION: LICENSING

City or Town: COSTA MESA State: CA Zip: 92626 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JAMES HECHT	4 HUTTON CENTRE DRIVE, 10TH FLOOR SANTA ANA, CA 92707 USA
MANAGER	CYNTHIA SALTER	4 HUTTON CENTRE DR., 10TH FL SANTA ANA, CA 92707 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

**Signed this 27 Day of July, 2015 at 12:07:48 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 LORIANN VENTURA  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations  
All Rights Reserved