State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company
148614	1st Alliance Lending, LLC
3. NAICS Code 522310	4. Brief description of the character of business conducted in Rhode Island: Mortgage broker and lender
5. State of Formation: CT	

6. Principal Office Address	City	State	Zip
111 Founders Plaza, Suite 1300	East Hartford	CT	06108

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

Contact Name	Contact Title
Briana Massey	Compliance Manager

Street Address	City	State	Zip
111 Founders Plaza, Suite 1300	East Hartford	CT	06108

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name	Street Address	City	State	Zip
John C. Dilorio	65 Hamlet Hill Road	Pomfret Center	CT	06259

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

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.

Name of Authorized Person	Date
John C. Dilorio	10/24/2017

Signature of Authorized Person: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
OCT 31 2017
BY: 8298 05

FORM 632 - Revised: 08/2017