

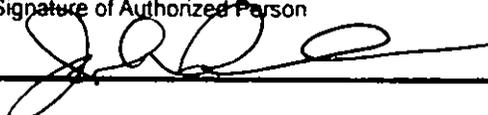


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 148614		2. Exact name of the Limited Liability Company 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 111 Founders Plaza, Suite 1300			City East Hartford	State CT	Zip 06108
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Briana Massey			Contact Title Compliance Manager		
Street Address 111 Founders Plaza, Suite 1300			City East Hartford	State CT	Zip 06108
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name John C. Dilorio			Manager Name		
Street Address 65 Hamlet Hill Road			Street Address		
City Pomfret Center	State CT	Zip 06259	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person John C. Dilorio				Date 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

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