



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
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 000148614		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	City	State
Zip 06259		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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.			
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 John C. Dilorio		Date 9-13-2018	
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

SEP 28 2018

BY

8807 DS