State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

FILED
APR 30 2025
BY 7924

STAMP
FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation
147642	Allanach/Mortgage Group Corporation

3. Principal Office Address	City	State	Zip
76 Northeaster Boulevard, Unit 25A	Nashua	NH	03052

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
522310	Mortgage Broker
5. State of Incorporation	
Massachusetts	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Thomas W. Allanach	12 Mountain Laurel Drive	Nashua	NH	03062

Vice-President Name	Street Address	City	State	Zip
Thomas W. Allanach	12 Mountain Laurel Drive	Nashua	NH	03062

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Thomas W. Allanach	12 Mountain Laurel Drive	Nashua	NH	03062

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200,000	CNP	$ 0

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative	Date
Thomas W. Allanach	4/11/25

Signature of Authorized Representative
Thomas Allanach

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

FORM 630- Revised: 12/2023