



State of Rhode Island
Department of State - Business Services Division

FILED

APR 30 2025

STAMP

FOR
SECRETARY OF STATE
USE ONLY

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.

CBY 7924

1. Entity ID Number 147642		2. Exact name of the Corporation Allanach/Mortgage Group Corporation			
3. Principal Office Address 76 Northeaster Boulevard, Unit 25A		City Nashua		State NH	Zip 03052
4. NAICS Code 522310		6. Brief description of the character of business conducted in Rhode Island Mortgage Broker			
5. State of Incorporation Massachusetts					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Thomas W. Allanach			Vice-President Name Thomas W. Allanach		
Street Address 12 Mountain Laurel Drive			Street Address 12 Mountain Laurel Drive		
City Nashua	State NH	Zip 03062	City Nashua	State NH	Zip 03062
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Thomas W. Allanach			Director Name		
Street Address 12 Mountain Laurel Drive			Street Address		
City Nashua	State NH	Zip 03062	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			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 Thomas W. Allanach					Date 4/17/25
Signature of Authorized Representative <i>Thomas Allanach</i>					

MAIL TO:
Division of Business Services
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