

State of Rhode Island Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Certificate Request Form

Request Information

	ID	ENTITY NAME	CERTIFICATE TYPE
ſ	001789455	First Alliance Home Mortgage, LLC	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Corporate Branch

Business Name: First Alliance Home Mortgage, LLC

No. and Street: 20 Jackson Drive, 2nd Floor

City or Town: <u>Cranford</u> State: <u>NJ</u> Zip: <u>07016</u> Country: <u>USA</u>

Contact Phone: <u>760-295-4040</u> ext: <u>317</u>

Contact Email: aturpin@mymortgagelicense.com

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