



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

|   |       |   |                     |
|---|-------|---|---------------------|
| 1. ID No.<br><b>126977</b>  |       | 2. Exact name of the limited liability company<br><b>Stateside Funding LLC.</b>   |                     |
| 3. State of Formation<br><b>RHODE ISLAND</b>  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>MORTGAGE BROKERING.</b> |                     |
| 5. Principal office address<br><b>667 Atwood Ave</b>  |       | City<br><b>CRANSTON</b>   | State<br><b>RI</b>  |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:<br>Contact Name<br><b>MARK D CAPUANO</b>   |       | Contact Title<br><b>MANAGING MEMBER</b>   | Zip<br><b>02920</b> |
| Street Address<br><b>667 Atwood Ave</b>   |       | City<br><b>CRANSTON</b>   | State<br><b>RI</b>  |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |   |                     |
| Manager Name  |       | Manager Name  |                     |
| Street Address  |       | Street Address  |                     |
| City  | State | City  | State               |
| Zip   |       | Zip   |                     |
| Manager Name  |       | Manager Name  |                     |
| Street Address  |       | Street Address  |                     |
| City  | State | City  | State               |
| Zip   |       | Zip   |                     |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  |       |   |                     |
| Agent Name<br><b>FRANK C. MESSINA, CPA</b>  |       | Address   |                     |
| Address<br><b>1615 PONTIAC AVENUE</b>   |       | City<br><b>CRANSTON</b>   | Zip<br><b>02920</b> |

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person \_\_\_\_\_ Date **10/24/07**

**MARK D CAPUANO**  
Print or Type Name of Authorized Person