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.	2. Exact name of the limited liability company
121325	Sun National Mortgage and Funding LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	MORTGAGE BROKER

5. Principal office address	City	State	Zip
845 Oaklawn Avenue, 2nd Floor	Cranston	RI	02920

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Anthony Verduchi	

Street Address	City	State	Zip
845 Oaklawn Avenue, 2nd Floor	Cranston	RI	02920

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Anthony Verduchi	
Street Address	Street Address
845 Oaklawn Avenue 2nd Floor	
City: Cranston; State: RI; Zip: 02920	City; State; Zip
Manager Name	Manager Name
Street Address	Street Address
City; State; Zip	City; State; 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	Address
ROBERT A. RAGOSTA, ESQ.	
Address: 481 ATWOOD AVENUE	City: CRANSTON; Zip: 02920-

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

[redacted] [redacted]

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* 10/25/07

Anthony Verduchi

Print or Type Name of Authorized Person

[redacted]

File Date FILED
Check No. NOV 06 2007
By: By 6345
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07