



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

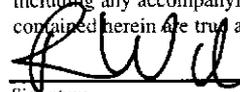
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 98787		2. Name of Corporation Emigrant Funding Corporation			
3. Street Address Principal Business Office 5 East 42nd Street			City New York	State NY	Zip 10017
4. Business Phone No. 212-850-4425		5. State of Incorporation New York			
6. Brief Description of the Character of Business Conducted in Rhode Island Mortgage Lender					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard Wald			Vice President Name Peter Hollnsteiner		
Street Address 5 East 42nd Street			Street Address 5 East 42nd Street		
City NY	State NY	Zip 10017	City NY	State NY	Zip 10036
Secretary Name Daniel C. Hickey			Treasurer Name Francis May		
Street Address 5 East 42nd Street			Street Address 5 East 42nd Street		
City NY	State NY	Zip 10017	City NY	State NY	Zip 10017
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John Hart			Director Name Richard Wald		
Street Address 5 East 42nd Street			Street Address 5 East 42nd Street		
City NY	State NY	Zip 10017	City NY	State NY	Zip 10017
Director Name Daniel Hickey			Director Name Edward Goldberg		
Street Address 5 East 42nd Street			Street Address 5 East 42nd Street		
City NY	State NY	Zip 10017	City NY	State NY	Zip 10017
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200	Common - No Par Value		200	Common	No Par Value
			THIS SECTION MUST BE COMPLETED		

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.


Signature _____ Date _____
Richard Wald
Print or Type Name
President
Title

FILED	
File Date	FEB 11 2008
Check No.	385921982
By	
FOR SECRETARY OF STATE USE ONLY	