



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 2009

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. 98224		2. Name of Corporation Homestead Funding Corp.			
3. Street Address Principal Business Office 8 Airline Drive			City Albany	State NY	Zip 12205
4. Business Phone No. 518-464-1100		5. State of Incorporation New York			
6. Brief Description of the Character of Business Conducted in Rhode Island Originate 1 - 4 family 1st lien residential mortgages					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael G. Rutherford			Vice President Name None		
Street Address 8 Airline Drive			Street Address		
City Albany	State NY	Zip 12205	City	State	Zip
Secretary Name Anthony T. Felitte			Treasurer Name None		
Street Address 8 Airline Drive			Street Address		
City Albany	State NY	Zip 12205	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael G. Rutherford			Director Name None		
Street Address 8 Airline Drive			Street Address		
City Albany	State NY	Zip 12205	City	State	Zip
Director Name Carl A. Florio			Director Name None		
Street Address 9 Elks Street			Street Address		
City Albany	State NY	Zip 12207	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1470	Class/Series A	Par Value .01
			568	B	.01

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.

File Date	1-23-09
Check No.	62605
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		Date	1/21/09
Anthony T. Felitte			
Print or Type Name			
Secretary & COO			
Title			