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.	2. Name of Corporation
98224	Homestead Funding Corp.

3. Street Address Principal Business Office	City	State	Zip
8 Airline Drive	Albany	NY	12205

4. Business Phone No.	5. State of Incorporation
518-464-1100	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	Street Address	City	State	Zip
Michael G. Rutherford	8 Airline Drive	Albany	NY	12205

Vice President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Anthony T. Felitte	8 Airline Drive	Albany	NY	12205

Treasurer Name	Street Address	City	State	Zip
None				

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Michael G. Rutherford	8 Airline Drive	Albany	NY	12205
Carl A. Florio	9 Elks Street	Albany	NY	12207

Director Name	Street Address	City	State	Zip
None				
None				

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9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1470	A	.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.

[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 *Date* 1/21/09

Anthony T. Felitte
Print or Type Name

[redacted] Secretary & COO
Title

File Date	1-23-09
Check No.	62605
By:	mnc

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