



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 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 484730		2. Exact name of the limited liability company PASSPORT FUNDING, L.L.C.			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Real estate aquisition, sale and financing			
5. Principal office address 1327 Cranston Street		City Cranston		State RI	Zip 02920
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Norman Reisch			Contact Title		
Street Address 1327 Cranston Street		City Cranston		State RI	Zip 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 Norman Reisch			Manager Name		
Street Address 1327 Cranston Street			Street Address		
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					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

484730

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedule and statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

Date

Norman Reisch

Print or Type Name of Authorized Person

File Date	FILED
Check No.	APR 28 2010
By	DS
FOR SECRETARY OF STATE USE ONLY	