	State of Rhode Island and Prov Office of the Secretar		Fee: \$50.00
	Division Of Business	Services	
	148 W. River Str		
	Providence RI 02904		
HOPE	(401) 222-304	0	
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability company)) days after the time prescribed by law (F 25.00.		
ANNUAL REPORT YEAR:	2016		
1. ID No. <u>000149437</u>			
2. Exact Name of the Limited Liability Company Arbor Commercial Funding, LLC			
3. State of Formation			
State: <u>NY</u>			
	ARTICLE III		
Using the following NAICS	codes, please select the code that best d	escribes your business.	
NAICS Code		6 81	
4. Brief Description of the	Character of the Business Which is A	ctually Conducted in Rhode Island	d
SERVICE MORTGAGE	LOANS SECURED BY MULTIFAM	ILY AND COMMERCIAL PRO	PERTIES
5. Principal Office Addres	S		
No. and Streat: 222 EADI	E OVINCTON BOULEVARD SUIT	TE 000	
No. and Street:333 EARLE OVINGTON BOULEVARD, SUITE 900City or Town:UNIONDALEState:NYZip:11553 Country:USA			
6. Mailing Address of Lim	ited Liability Company and Name or T	itle of Contact Person:	
Contact Name: Contact T	itle:		
No. and Street: 333 EARL	<u>E OVINGTON BOULEVARD, SUI</u>		
City or Town: UNIONDA	<u>ALE</u>	State: <u>NY</u> Zip: <u>11553</u> C	ountry: <u>USA</u>
7. Name and Address of I DO NOT LIST MEMBER	Each Manager of the Limited Liability S	Company, if Applicable.	
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Cod	e, Country
MANAGER	ARBOR COMMERCIAL MORTGAGE, LLC	333 EARLE OVINGTON BLV UNIONDALE, NY 11553 USA	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 17 Day of October, 2016 at 11:28:41 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>ALAN STEINMETZ</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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