St	ate of Rhode Island and Pro Office of the Secret		Fee: \$50.00
	Division Of Busines 148 W. River S	Street	
HOPE	Providence RI 029 (401) 222-30		
Limited Liability Comp Annual Report Filing Period: September 1 -			
	7-16-66(d), each limited liability corr thirty (30) days after the time prese enalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>000911633</u>			
2. Exact Name of the Limited Liability Company <u>VP FUNDING GROUP LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>9999999</u>			
4. Brief Description of the	Character of the Business Whic	h is Actually Conducted in	Rhode Island
PLAINTIFF SETTLEME	NT FUNDING		
5. Principal Office Addres	s		
No. and Street:62 THELMA STCity or Town:NORTH PROVIDENCEState: RIZip: 02940Country: USA			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title: No. and Street: <u>8 CHACE FARM ROAD</u>			
City or Town: SWAN	ISEA State	: <u>MA</u> Zip: <u>02777</u> Co	ountry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	in Code Court
	First, Middle, Last, Suffix	Address, City or Town, State, Z	Lip Coae, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

VAL BRIGGS 62 THELMA STREET NORTH PROVIDENCE, RI 02911

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

Signed this 13 Day of September, 2017 at 5:19:35 PM 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 VANESSA PONTARELLI

Signature of Authorized Person

Form No. 632 Revised 09/07

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