

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 · This report must be typed or printed legibly. Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTS FEED 1. Entity ID No. 2. Exact name of the limited liability company SENIOR CARE FUNDING, LLC (541611 1336957 3. State of Formation 4. Brief description of the character of business conducted in Rhode Island **FINANCIAL SERVICES** RHODE ISLAND 5. Principal office address State Zip **501 CENTERVILLE ROAD, SUITE 105A** WARWICK 02886 RΙ 6. MAILING ADDRESS OF LIMITED LABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON. Contact Name Contact Title **JOSEPH RAHEB ATTORNEY** Street Address City State 650 WASHINGTON HWY., SUITE 200 LÍNCOLN 02865 RI 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) Manager Name NONE Manager Name Street Address Street Address City State Zip City State Zip Manager Name Manager Name Street Address Street Address Citv State Zip City State Zip B. RESIDENT AGENT IN RHODE ISLAND

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BY 2590

Flo Dato	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.	
Check No	X MCM Weber Spring	he Intolic 10-26-17
Y.	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY	DAVID R. BALL, MEMBER, SENIO	R CARE FUNDING LLC
	Print or Type Name of Authorized Person	

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

Form No. 632 Revised: 01/2012