	State of Rhode Island and Pro Office of the Secreta		: \$50.00
	Division Of Business 148 W. River St	reet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presci penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	: <u>2019</u>		
1. ID No. <u>00079092</u>	7		
2. Exact Name of the Li	imited Liability Company <u>CAIRD</u>	FUNDING LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
•	Code that best describes the primary re information on <u>NAICS</u> can be found	business conducted by the entity. Dowr online.	load
<u>999999</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in Rhode Isla	Ind
REAL ESTATE INVES	<u>TMENT</u>		
5. Principal Office Addre	łSS		
	UDNODE CTREET		
	<u>SURNSIDE STREET</u> State	: <u>RI</u> Zip: <u>02809</u> Country: <u>USA</u>	Ŧ
City or Town: BRI			<u>4</u>
City or Town: BRI   6. Mailing Address of Li   Contact Name: Contact   No. and Street: 19	STOL State mited Liability Company and Name Title: BURNSIDE ST	or Title of Contact Person:	
City or Town:BRI6. Mailing Address of LiContact Name:ContactNo. and Street:19City or Town:BR	STOL State   mited Liability Company and Name   Title:   BURNSIDE ST   ISTOL State: RI   f Each Manager of the Limited Liab	zip: <u>02809</u> Country: <u>USA</u>	
City or Town:BRI6. Mailing Address of LiContact Name:ContactNo. and Street:19City or Town:BR7. Name and Address of	STOL State   mited Liability Company and Name   Title:   BURNSIDE ST   ISTOL State: RI   f Each Manager of the Limited Liab	zip: <u>02809</u> Country: <u>USA</u>	<u>.</u>

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

MICHAEL HUDNER 19 BURNSIDE STREET BRISTOL, RI 02809

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

**Signed this 15 Day of November, 2019 at 2:58:44 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 MARY GUERENABARRENA

Signature of Authorized Person

Form No. 632 Revised 09/07

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