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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2024
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

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MP	

1. Entity ID Number	2 Evert name of the Limited L	ichility Company				
1. Elloty 15 Halliber	2. Exact name of the Limited Liability Company					
1720976	Consdan Funding, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
531390	Red 1 Estate					
5. State of Formation	Kin I					
Phode Ishard						
6. Principal Office Address		City	State	Zip		
MI HIWCLEST PRINCH	OKTH	CRINSTON	Pit	0294		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Contact		Contact Title	ontact Title			
PHIPH SHIPPE	NEABER City CANSFOR State 1. I 210 2921					
Street Address	-/	City /	State /	Zip		
171 Hiwalest Dewe	NURTH	CAANSFURI	J.F	07921		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. 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.						
Name of Authorized Person			Date , ,			
RALPH SHIPDEE			1/31/24			
Signature of Authorized Person-	w			7		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 345

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