

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 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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1 Entity ID Number	2. Exact name of the Limit	2. Exact name of the Limited Liability Company					
000789729	Security First Mo	Security First Mortgage Funding					
3. NAICS Code 522310	Brief description of the Mortgage Lending	Brief description of the character of business conducted in Rhode Island Mortgage Lending					
5. State of Formation MA							
6. Principal Office Address		City	State	Zip			
21 N. Quinsigamond Ave		Shrewsbury	MA	01545			
7 Mailing Address of Limited	d Liability Company and Name of	or Title of Contact Person	* ==	<u> </u>			
Contact Name Dustin Wirzburger		Contact Title Senior Vice President					
Street Address 21 N. Quinsigamond Ave		City Shrewsbury	State MA	^{Zip} 01545			
8. The Resident Agent inform	nation currently of record with th	ne RI Department of State is accura	ate. Changes require	filing Form 642.			
	r, I declare and affirm that I ha atements contained herein ar	ve examined this report, includi e true and correct.	ng any accompany	ing schedules and			
Name of Authorized Person			Date	Date			
Dustin Wirzburger			02/16/2024				
Signature of Authorized Pers	son						

FILED

FEB 2 0 2024

MAIL TO:

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