



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

REC'D RIDOS BSD
25 SEP 8 PM 12:22:03

1. Entity ID Number 001744715		2. Exact name of the Corporation Hartford Funding, Ltd.	
3. Principal Office Address 100 Crossways Park Dr. West, Suite 302		City Woodbury	State NY
		Zip 11787	
4. NAICS Code 522291	6. Brief description of the character of business conducted in Rhode Island Mortgage Lender/servicer		
5. State of Incorporation NY			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒			
President Name Frederick J. Assini		Vice-President Name	
Street Address 100 Crossways Park Dr. West, Suite 302		Street Address	
City Woodbury	State NY	Zip 11797	
Secretary Name Jessica Milana		Treasurer Name Frederick J. Assini	
Street Address 100 Crossways Park Dr. West, Suite 302		Street Address 100 Crossways Park Dr. West, Suite	
City Woodbury	State NY	Zip 11797	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☒			
Director Name Frederick J. Assini		Director Name	
Street Address 100 Crossways Park Dr. West, Suite 302		Street Address	
City Woodbury	State NY	Zip 11797	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment ☐	
Changes require an additional filing.		NUMBER OF SHARES 48.00	CLASS/SERIES Common
		PAR VALUE No Par Value	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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 Representative Frederick J Assini		FILED	Date 7/23/25
Signature of Authorized Representative 		SEP 08 2025	

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

5XABT

1225

FORM 630- Revised: 12/2023