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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.

1. Entity ID Number	2. Exact name of the Corporation
001744715	Hartford Funding, Ltd.

3. Principal Office Address	City	State	Zip
100 Crossways Park Dr. West, Suite 302	Woodbury	NY	11787

4 NAICS Code	6. Brief description of the character of business conducted in Rhode Island
522291	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	City	State	Zip
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	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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
48.00	Common	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: [signature] 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

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FORM 630- Revised: 12/2023