Si Si	nd Providence Plantations ecretary of State				Fee: \$50.00	
Division Of Business Services						
148 W. River Street						
Providence RI 02904-2615						
(401) 222-3040						
Limited Liability Com	pany					
Annual Report Filing Period: September 1	- November 1					
In accordance with R.I.G.L.	7-16-66(d), each limited liabili	ty comp	any fa	iling or refusing		
	n thirty (30) days after the time	e prescr	ibed b	/ law (R.I.G.L. 7-		
16-66(b&c)) is subject to a p	penalty fee of \$25.00.					
ANNUAL REPORT YEAR:	<u>2015</u>					
1. ID No. <u>000071005</u>						
2. Exact Name of the Limited Liability Company Naples Funding, L.L.C.						
3. State of Formation						
State: <u>RI</u>						
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island						
- End Secondary conducted in the Business which is Actually conducted in Knode Island						
INVESTING IN REAL AND PERSONAL PROPERTY, PURCHASE MONEY MORTGAGES,						
FUNDING OF CERTAI	N REAL ESTATE PROJEC	<u>CTS</u>				
5. Principal Office Addres	SS					
No. and Street: 481 A						
No. and Street: <u>481 ATWOOD AVENUE</u> City or Town:CRANSTONStat				Zip: <u>02920</u>	Country	· USA
		Duut	. <u>M</u>	Zip: <u>02720</u>	Country	. <u>0011</u>
6. Mailing Address of Lin	nited Liability Company and	l Name	or Tit	le of Contact Po	erson:	
Contact Name: <u>ROBERT A. RAGOSTA</u> Contact Title: <u>MANAGER</u>						
No. and Street: 481 ATWOOD AVENUE						
City or Town: CRAM	<u>NSTON</u>	State	: <u>RI</u>	Zip: <u>02920</u>	Country	r: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS						
Title	Individual Name			Addr	ess	
First, Middle, Last, Suffix			Address, City or Town, State, Zip		state, Zip Cod	e, Country
MANAGER	ROBERT A RAGOSTA		481 ATWOOD AVE CRANSTON, RI 02920- USA			
	HODE ISLAND - DO NOT AL					
	g of Form 642 - R.I.G.L. 7-16					
	,					
<u>ROBERT A. RAGOSTA, ESQ.</u> <u>481 ATWOOD AVENUE</u> <u>CRANSTON</u> , <u>RI</u> <u>02920</u>						

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

Signed this 9 Day of December, 2015 at 9:15:28 AM 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 ROBERT RAGOSTA

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2015 State of Rhode Island and Providence Plantations All Rights Reserved