

Electronic Filing Depository
State Sales Data Information

EFDID: 248706

Accession: 0001719071-18-000001

As of Saturday, April 4, 2026

Issuer's Identity

CIK (Filer Id Number)

0001719071

Name of Issuer

Thorofare Asset Based Lending Fund V, L.P.

Jurisdiction of Incorporation/Organization

DELAWARE

Address of Issuer

C/O THOROFARE CAPITAL

633 WEST FIFTH ST., SUITE 2200

LOS ANGELES CALIFORNIA, 90071

Sales Data

State PA	Notice Date 10/30/2018	File Number 2018-04-217 RD
Expires Never	Notice Type Renewal	
Offering Amount	Date of Sale 10/6/2017	Total # of Investors
		Amount Sold

Filer, on behalf of the issuer, understands and agrees that it is submitting a Form D for Regulation D, Rule 506 offerings to one or more States in compliance with state and federal regulatory requirements. Filer, on behalf of the issuer, understands and agrees that by submitting this Form D in the selected States the issuer is obligated to comply with each of the selected States' requirements governing consent to service of process and jurisdiction. Filer, on behalf of the issuer, understands and agrees that for purposes of complying with the selected States' laws, relating to either the registration or sale of securities, Filer, on behalf of the issuer, hereby irrevocably appoints the officers of the States in which the Form D was filed and their successors in such offices, its attorney in those States upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the States; and the Filer, on behalf of the issuer, hereby consents that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the States in which the Form D was filed by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that State and have been served lawfully with process in that State.

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