



State of Rhode Island  
Department of State - Business Services Division

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FOR SECRETARY OF STATE  
USF ONLY

Annual Report for the year: 2022  
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 <b>1678411</b>		2. Exact name of the Corporation <b>ENGS COMMERCIAL FINANCE CO.</b>			
3. Principal Office Address <b>ONE PIERCE PLACE, SUITE 1100</b>			City <b>ITASCA</b>	State <b>IL</b>	Zip <b>60143</b>
4. NAICS Code <b>522220</b>		6. Brief description of the character of business conducted in Rhode Island <b>FINANCE COMMERCIAL MOTOR VEHICLES AND TANGIBLE PERSONAL PROPERTY</b>			
5. State of Incorporation <b>CA</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>CRAIG WEINEWUTH</b>			Vice-President Name <b>JAMES FREUND</b>		
Street Address <b>ONE PIERCE PLACE, SUITE 1100</b>			Street Address <b>ONE PIERCE PLACE, SUITE 1100</b>		
City <b>ITASCA</b>	State <b>IL</b>	Zip <b>60143</b>	City <b>ITASCA</b>	State <b>IL</b>	Zip <b>60143</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>CRAIG WEINEWUTH</b>			Director Name <b>JAMES FREUND</b>		
Street Address <b>ONE PIERCE PLACE, SUITE 1100</b>			Street Address <b>ONE PIERCE PLACE, SUITE 1100</b>		
City <b>ITASCA</b>	State <b>IL</b>	Zip <b>60143</b>	City <b>ITASCA</b>	State <b>IL</b>	Zip <b>60143</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		1,500,000		COMMON	
				.01 PER SHARE	
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. <i>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.</i>					
Name of Authorized Representative <b>SCOTT FRANKLIN</b>				Date <b>4-15-2022</b>	
Signature of Authorized Representative <i>Scott Franklin</i>				<b>FILED</b>	

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

APR 18 2022  
8:40  
BY *53PNH*