



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>21994</b>		2. Exact name of the Corporation <b>CHASE AUTO FINANCE CORP.</b>		
3. Principal office address <b>900 STEWART AVENUE</b>		City <b>GARDEN CITY</b>	State <b>NEW YORK</b>	Zip <b>11530</b>
4. Business Phone No. <b>(516)745-4023</b>		5. State of Incorporation <b>DELAWARE</b>		
6. Brief description of the character of business conducted in Rhode Island <b>INDIRECT AUTOMOBILE LEASING/FINANCE</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>				
President Name		Vice-President Name		
Street Address		Street Address		
City	State	Zip	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		1,000	COMMON	1.00

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.

File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

MAR 03 2014

On 218 785

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.  
 Signature of Authorized Representative: *Jhyllis DeLarosa, VP* Date: *2/28/14*  
 Print or Type Name of Authorized Representative: *Jhyllis DeLarosa, VP*

**Principal Officers for the Leasing Business Of  
Chase Auto Finance**

<u>NAME</u> <u>OFFICERS</u>	<u>OFFICE</u>	<u>BUSINESS ADDRESS</u>
Melba Bartels	Sr. Vice President	900 Stewart Avenue 6 <sup>th</sup> Fl Garden City, NY 11530 (516) 745- 4282
Mark J. Riley	Sr. Vice President	900 Stewart Avenue 6 <sup>th</sup> Fl Garden City, NY 11530 (516) 745- 4068
Phyllis Dellarosa	Vice President	900 Stewart Avenue 6 <sup>th</sup> Fl Garden City, NY 11530 (516)745-4023
Patricia Cacciola-Ohlmann	Executive Director	900 Stewart Avenue 6 <sup>th</sup> Fl Garden City, NY 11530 (516)745-3237