State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. ID No. 000688752

2. Exact Name of the Limited Liability Company American Honda Receivables II LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Engaged in the purchase, financing and refinancing of receivables arising out of or relating to the financing or sale of new or used motor vehicle and motorcycles and to engage in all lawful activity incident to such activities.

5. Principal Office Address

No. and Street: 20800 MADRONA AVENUE
City or Town: TORRANCE State: CA Zip: 90503 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 20800 MADRONA AVENUE
City or Town: TORRANCE State: CA Zip: 90503 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	NARUTOSHI WAKIYAMA	20800 MADRONA AVENUE TORRANCE, CA 90503 USA
MANAGER	KRISTINE ROY	11380 PROPERITY FARMS ROAD #221 PALM BEACH GARDENS, FL 33410 USA
MANAGER	JAN ZIMMERMAN	20800 MADRONA AVENUE TORRANCE, CA 90503 USA
MANAGER	PAUL HONDA	20800 MADRONA AVENUE

		TORRANCE, CA 90503 USA
MANAGER	LISA HUGHES	11380 PROSPERITY FARMS ROAD, #221E PALM BEACH GARDENS, FL 33410 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 7 Day of August, 2014 at 6:39:23 PM 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 JAMES ORANGE
Signature of Authorized Person

Form No. 632
Revised 09/07