



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 2015

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. 118538		2. Exact name of the Corporation Donlen Trust			
3. Principal office address C/O Donlen Corporation 2315 Sanders Rd		City Northbrook		State IL	Zip 60062
4. Business Phone No. 847-412-1400		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island The Trust will serve as nominee holder of legal title to vehicles and related leases					
7. LIST ALL OFFICERS (NAME AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name No officers			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAME AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name No directors			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
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
			No Shares		

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.



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.

FILED

*Eric Hiller*

12/05/2014

Signature of Authorized Representative

Date

Eric Hiller

Print or Type Name of Authorized Representative

Form No. 630  
Revised: 01/2012

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