



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 **2016**

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. 000085966		2. Exact name of the Corporation CITIFINANCIAL AUTO CORPORATION			
3. Principal office address 6400 LAS COLINAS BLVD.		City IRVING	State TX	Zip 75039	
4. Business Phone No. (813) 604-8123		5. State of Incorporation SC			
6. Brief description of the character of business conducted in Rhode Island MOTOR VEHICLE SALES FINANCE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CALVIN BALLIET		Vice-President Name RENEE WOODS			
Street Address 6400 LAS COLINAS BLVD.		Street Address 6801 COLWELL BLVD			
City IRVING	State TX	Zip 75039	City IRVING	State TX	Zip 75039
Secretary Name TERESA BAER		Treasurer Name NONE			
Street Address 100 INTERNATIONAL DR.		Street Address			
City BALTIMORE	State MD	Zip 21202	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CHARLES JAQUES		Director Name CALVIN BALLIET			
Street Address 6400 LAS COLINAS BLVD.		Street Address 6400 LAS COLINAS BLVD.			
City IRVING	State TX	Zip 75039	City IRVING	State TX	Zip 75039
Director Name DONNA STONE		Director Name NONE			
Street Address 6400 LAS COLINAS BLVD.		Street Address			
City IRVING	State TX	Zip 75039	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			505,000	COMMON	\$2.00
			NONE	PREFERRED	100.00

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

Form No. 630
Revised: 01/2012

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

Date

JULIE SCHMIDT

Print or Type Name of Authorized Representative

FILED

FEB 04 2016

BY

HL5113444859

2/2/16