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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.	2. Exact name of the Corporation
000022395	CITIFINANCIAL, INC.

3. Principal office address	City	State	Zip
300 ST. PAUL PLACE	BALTIMORE	MD	21202

4. Business Phone No.	5. State of Incorporation
(813) 604-8123	MD

6. Brief description of the character of business conducted in Rhode Island
CONSUMER LENDING

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
WILLIAM DELLAL	390 GREENWICH ST	NEW YORK	NY	10013

Vice-President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
JEFFERY BOYHER	1000 TECHNOLOGY DRIVE	O'FALLON	MO	63368

Treasurer Name	Street Address	City	State	Zip
SEAN SIEVERS	1000 TECHNOLOGY DRIVE	O'FALLON	MO	63368

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
WILLIAM DELLAL	390 GREENWICH ST	NEW YORK	NY	10013
RAYMOND ROMANO	399 PARK AVENUE	NEW YORK	NY	10022

Director Name	Street Address	City	State	Zip
ARYEH MENTZEL	153 E. 53RD ST.	NEW YORK	NY	10022
NONE				

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	30,000	COMMON	$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 BY 511345005

FILED
FEB 25 2016

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.

X _____ 2/22/16
Signature of Authorized Representative — Date

JULIE SCHMIDT
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
133063-1-1112932