



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

Annual Report for the year: 2016 - AMENDED  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2016 AUG 22 AM 11:51

1. Entity ID Number <b>000025537</b>		2. Exact name of the Corporation <b>Wells Fargo Equipment Finance, Inc.</b>			
3. Principal Office Address <b>600 South 4th Street, 10th Floor, MAC N9300-100</b>			City <b>Minneapolis</b>	State <b>MN</b>	Zip <b>55415</b>
4. Business Phone Number			5. State of Incorporation <b>Minnesota</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Equipment financing services and leasing</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>William Mayer</b>			Vice-President Name		
Street Address <b>600 South 4th Street, 10th Floor</b>			Street Address		
City <b>Minneapolis</b>	State	Zip	City	State	Zip
Secretary Name <b>Mindi O'Hayre</b>			Treasurer Name		
Street Address <b>1700 Lincoln St.</b>			Street Address		
City <b>Denver</b>	State <b>CO</b>	Zip <b>80203</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>Jerry Blakey</b>			Director Name <b>William Mayer</b>		
Street Address <b>600 South 4th Street, 10th Floor</b>			Street Address <b>600 South 4th Street, 10th Floor</b>		
City <b>Minneapolis</b>	State <b>MN</b>	Zip <b>55415</b>	City <b>Minneapolis</b>	State <b>MN</b>	Zip <b>55415</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>17000</b>		<b>CWP</b>	<b>1.0000</b>
11. 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. <i>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.</i>					
Name of Authorized Representative <b>Mindi O'Hayre</b>				Date <b>8/5/2016</b>	
Signature of Authorized Representative <b>SIGN DOCUMENT HERE</b>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

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By \_\_\_\_\_

FORM 630 - Revised: 05/2016



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

