



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: 2016

1. ID No. 000487364

2. Exact Name of the Limited Liability Company GATEWAY ONE LENDING & FINANCE, LLC

3. State of Formation

State: DE

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

52

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

INDIRECT CONSUMER AUTOMOBILE FINANCING AND LOAN SERVICING.

5. Principal Office Address

No. and Street: 160 N. RIVERVIEW DRIVE, SUITE 100

City or Town: ANAHEIM

State: CA Zip: 92808 Country: USA

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

Contact Name: PAUL CHOI Contact Title: SENIOR LEGAL COUNSEL

No. and Street: 160 N. RIVERVIEW DRIVE, SUITE 100

City or Town: ANAHEIM

State: CA Zip: 92808 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 | CRAIG RALPH DAHL | 11100 WAYSATA BLVD MINNETONKA, MN 55305 USA |
| MANAGER | BRADLEY CARL GUNSTAD | 11100 WAYZATA BLVD. |

| | | |
|---------|-------------------|-----------------------------------------------------------------------|
| MANAGER | G. BRIAN MACINNIS | MINNETONKA, MN 55305 USA 13560 MORRIS ROAD MILTON, GA 30004 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 10 Day of October, 2016 at 5:28:15 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 DAVID MACINNIS
Signature of Authorized Person

Form No. 632
Revised 09/07

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