



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.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2016 OCT 17 AM 10:09

1. Entity ID Number <b>000136078</b>		2. Exact name of the Corporation <b>DONLEN MOBILITY SOLUTIONS, INC.</b>												
3. Principal Office Address <b>3000 LAKESIDE DR., 2ND FLOOR</b>		City <b>BANNOCKBURN</b>	State <b>IL</b>	Zip <b>60015</b>										
4. Business Phone Number		5. State of Incorporation <b>IL</b>												
6. Brief description of the character of business conducted in Rhode Island <b>TO LEASE VEHICLES TO GOVERNMENTAL ENTITIES</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>THOMAS CALLAHAN</b>		Vice-President Name												
Street Address <b>3000 LAKESIDE DR., 2ND FLOOR</b>		Street Address												
City <b>BANNOCKBURN</b>	State <b>IL</b>	Zip <b>60015</b>	City	State	Zip									
Secretary Name <b>ILESE FLAMM</b>		Treasurer Name <b>MARK E. JOHNSON</b>												
Street Address <b>3000 LAKESIDE DR., 2ND FLOOR</b>		Street Address <b>3000 LAKESIDE DR., 2ND FLOOR</b>												
City <b>BANNOCKBURN</b>	State <b>IL</b>	Zip <b>60015</b>	City <b>BANNOCKBURN</b>	State <b>IL</b>	Zip <b>60015</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>THOMAS CALLAHAN</b>		Director Name <b>ERIC HILLER</b>												
Street Address <b>3000 LAKESIDE DR., 2ND FLOOR</b>		Street Address <b>3000 LAKESIDE DR., 2ND FLOOR</b>												
City <b>BANNOCKBURN</b>	State <b>IL</b>	Zip <b>60015</b>	City <b>BANNOCKBURN</b>	State <b>IL</b>	Zip <b>60015</b>									
9. Shares Authorized <b>This information is currently of record in the Department of State. NO CHANGES</b> <b>Changes require an additional filing.</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE						
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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. <b>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.</b>														
Name of Authorized Representative <b>THOMAS CALLAHAN</b>				Date <b>10/5/2016</b>										
Signature of Authorized Representative 														

**FILED**

OCT 17 2016 10:09

By 

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



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:

Nellie M. Gorbea  
*Secretary of State*

