



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016 AMENDED

Corporation

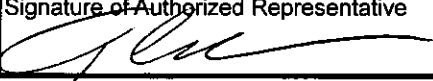
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2016 OCT 17 AM 10:09

1. Entity ID Number <b>000118538</b>		2. Exact name of the Corporation <b>DONLEN TRUST</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>DE</b>			
6. Brief description of the character of business conducted in Rhode Island <b>NO CHANGE vehicles and leases</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. NO CHANGES  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
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 					

SIGN HERE

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

OCT 17 2016

10:09

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:

Nellie M. Gorbea  
*Secretary of State*

