



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 2017

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. 000713841		2. Exact name of the Corporation Hann Auto Trust				532112			
3. Principal office address ONE CENTRE DRIVE			City JAMESBURG		State NJ		Zip 08831		
4. Business Phone No. 609 860 9300			5. State of Incorporation DELAWARE						
6. Brief description of the character of business conducted in Rhode Island TO FACILITATE REGISTRATION OF LEASED VEHICLE IN RHODE ISLAND									
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>									
President Name JOSEPH R. LIZZA				Vice-President Name N/A					
Street Address ONE CENTRE DRIVE				Street Address					
City JAMESBURG		State NJ		Zip 08831					
Secretary Name N/A				Treasurer Name					
Street Address				Street Address					
City		State		Zip		City			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>									
Director Name N/A				Director Name					
Street Address				Street Address					
City		State		Zip		City			
Director Name				Director Name					
Street Address				Street Address					
City		State		Zip		City			
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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.				NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	

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

FILED

APR 18 2018

BY **4328972**
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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.

Marion T. Lydon
Signature of Authorized Representative

04/16/2018

Date

Marion T. Lydon, Authorized Representative

Print or Type Name of Authorized Representative