



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	City	State	Zip	
Secretary Name N/A			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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	

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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 *[Signature]*
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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.

[Signature] **04/16/2018**
 Signature of Authorized Representative Date
Marion T. Lydon, Authorized Representative
 Print or Type Name of Authorized Representative