State of Rhode Islan	nd and Providend	ce Plantations	RECEIVE	<u>n</u>		
(Department o	f State - Bus	siness Serv	ices Division ARY 0	STATE	~ es	
rort			RECEIVE i ces Diyişkot ary 99 Corporation	is div		
	_				는 취임과	
Annual Report for th	e year: 2	016	2018 JUL 25 PI	412: 44	SECRETARY CORPORATI	
Limited Liability Con	-	<u> </u>			2 当型	
→ Filing period: Septem	• •	per 1			೧೮ನ	
→ Filing Fee: \$50.00					F (000	
→ Penalty: Additional \$25	5.00 fee if form i	is not filed by D	ecember 1.		<u> </u>	
					~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
1. Entity ID Number		2. Exact name of the Limited Liability Company				
000790964	Sensit	Sensible Auto Lending, LLC				
3. NAICS Code	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
522220	Indirect Aut	to Lending				
5. State of Formation		.o zonany			22 S	
Connecticut					SEC COI 2018	
				1 a		
6. Principal Office Address			City	State	Zip G SATR	
26 Mill Plain Road, Suite 2D			Danbury	СТ	068111	
7. Mailing Address of Limited	d Liability Compa	any and Name o	r Title of Contact Person		>	
Contact Name D. J. Miller			Contact Title Controller	Contact Title Controller		
					710 5	
Street Address 26 Mill Plain Road, Suite 2D			City Danbury	State CT	Zip 06 5	
8. List ALL managers (name	es and addresse:	s) of the Limited	Liability Company, IF APPLIC	CABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
			Street Address			
Street Address			Street Address			
Cily	State	Zip	City	State	Zıp	
		<u> </u>				
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
					7:0	
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
9. Resident Agent in Rhode	Island. This inform	nation is currently	of record with the Department of	State. Changes require file	ng Form 642.	
Under penalty of perjury, I statements, and that all st	declare and aff	irm that I have ined herein are	examined this report, inclu true and correct.	ding any accompanyin	ig schedules and	
Name of Authorized Person				Date		
D. J. Miller				7/20/20	118	
Signature of Authorized Por						

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**

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