



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. ID No.** 000788749

**2. Exact Name of the Limited Liability Company** CARFINANCE CAPITAL LLC

**3. State of Formation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

522291

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

THE PURPOSE OF THE COMPANY IS TO ENGAGE DIRECTLY OR INDIRECTLY IN THE BUSINESS, (I) THE ACQUISITION, DISPOSITION, AND SERVICING OF BELOW PRIME CONSUMER VEHICLE INSTALLMENT SALES CONTRACTS AND LOANS INITIALLY ORIGINATED BY FRANCHISED AND INDEPENDENT AUTOMOBILE DEALERS AND FINANCE COMPANIES, (II) THE ORIGATION, DISPOSITION, AND SERVICING OF REFINANCED CONSUMER VEHICLE LOANS MADE DIRECTLY BY THE COMPANY OR ANY AFFILIATE TO THE BORROWER, USING THE INTERNET, MAILINGS, AND OTHER MEANS TO MARKET POTENTIAL CUSTOMERS.

**5. Principal Office Address**

No. and Street: 7525 IRVINE CENTER DRIVE  
SUITE 250

City or Town: IRVINE

State: CA Zip: 92618 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:  
No. and Street: 7525 IRVINE CENTER DRIVE  
SUITE 250

City or Town: IRVINE

State: CA Zip: 92618 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	MICHAEL RITTER	3 CHRISTY DRIVE, SUITE 201 CHADDS FORD, PA 19317 USA
MANAGER	KENNETH SICINSKI	3 CHRISTY DRIVE, SUITE 201 CHADDS FORD, PA 19317 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 7 Day of August, 2018 at 9:51:09 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By MICHAEL C. RITTER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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