



**State of Rhode Island
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: 2021

1. ID No. 001696510

2. Exact Name of the Limited Liability Company WHEELS FINANCIAL GROUP, LLC

3. State of Formation

State: CA

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.

522310

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

CONSUMER FINANCE - LOAN MARKETING AND LOAN SERVICING

5. Principal Office Address

No. and Street: 15400 SHERMAN WAY, SUITE 300

City or Town: VAN NUYS

State: CA Zip: 91406 Country: USA

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

Contact Name: Contact Title:

No. and Street: 1345 AVENUE OF THE AMERICAS 26TH FLOOR

City or Town: NEW YORK

State: NY Zip: 10105 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	HUGO DOONER	15400 SHERMAN WAY, SUITE 170 VAN NUYS, CA 91406 USA
MANAGER	JEFFREY WEISS	15400 SHERMAN WAY SUIT 170

		VAN NUYS, CA 91325 USA
MANAGER	WARREN LYONS	15400 SHERMAN WAY SUITE 170 VAN NUYS, CA 91325 USA
MANAGER	DAVID KING	1345 AVENUE OF THE AMERICAS 26TH FLOOR NEW YORK, NY 10105 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 14 Day of October, 2021 at 12:16:46 PM 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 SUSAN GERMAISE
Signature of Authorized Person

Form No. 632
Revised 09/07

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