



State of Rhode Island
Department of State - Business Services Division

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RI DEPT. OF STATE
BUS SVCS DIV
2022 OCT 28 P 12:49

Annual Report for the year: 2021
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000142169		2. Exact name of the Corporation Citizens RI Investment Corp IV			
3. Principal Office Address One Citizens Plaza			City Providence	State RI	Zip 02903
4. NAICS Code 513130		6. Brief description of the character of business conducted in Rhode Island Holds participation interest in automobile loans			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Lindenauer			Vice-President Name David Dowling		
Street Address 28 State Street			Street Address One Citizens Bank Way		
City Boston	State MA	Zip 02109	City Johnston	State RI	Zip 02919
Secretary Name Gary A. Ashjian			Treasurer Name Yanina Reid		
Street Address 28 State Street			Street Address One Citizens Bank Way		
City Boston	State MA	Zip 02109	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name David Lindenauer			Director Name Yanina Reid		
Street Address 28 State Street			Street Address One Citizens Bank Way		
City Boston	State MA	Zip 02109	City Johnston	State RI	Zip 02919
Director Name David Dowling			Director Name		
Street Address One Citizens Bank Way			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
9. Shares Authorized					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		1000	Common	\$0.01	
		1000	Preferred	\$1000	
11. 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. 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.					
Name of Authorized Representative Gary A. Ashjian				Date 9/30/2022	
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 11/2021