



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: **2022**

Corporation \_\_\_\_\_

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

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 SEP - 8 A 9:40

1. Entity ID Number <b>1702048</b>		2. Exact name of the Corporation <b>Auto Funding Corporation</b>			
3. Principal Office Address <b>1875 SW 4th Ave Suite C6</b>			City <b>Delray Beach</b>	State <b>FL</b>	Zip <b>33444</b>
4. NAICS Code <b>522220</b>		6. Brief description of the character of business conducted in Rhode Island <b>LEASE FINANCING FOR COMMERCIAL VEHICLES</b>			
5. State of Incorporation <b>Florida</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert Jason Naumann</b>			Vice-President Name <b>Tomer Porat</b>		
Street Address <b>1597 SW 5th Ave</b>			Street Address <b>8421 Hawks Gully Ave</b>		
City <b>Boca Raton</b>	State <b>FL</b>	Zip <b>33432</b>	City <b>Delray Beach</b>	State <b>FL</b>	Zip <b>33446</b>
Secretary Name <b>Barry Simons</b>			Treasurer Name <b>NONE</b>		
Street Address <b>4450 Woodfield Blvd</b>			Street Address		
City <b>Boca Raton</b>	State <b>FL</b>	Zip <b>33434</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Robert Jason Naumann</b>			Director Name <b>Tomer Porat</b>		
Street Address <b>1597 SW 5th Ave</b>			Street Address <b>8421 Hawks Gully Ave</b>		
City <b>Boca Raton</b>	State <b>FL</b>	Zip <b>33432</b>	City <b>Delray Beach</b>	State <b>FL</b>	Zip <b>33446</b>
Director Name <b>Barry Simons</b>			Director Name <b>NONE</b>		
Street Address <b>4450 Woodfield Blvd</b>			Street Address		
City <b>Boca Raton</b>	State <b>FL</b>	Zip <b>33434</b>	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>	<b>A</b>	<b>1.00</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Barry Simons</b>				Date <b>08/09/23</b>	
Signature of Authorized Representative  				<b>FILED</b>	
				<b>SEP 08 2023 9:43am</b>	
				<b>BY LKS J3IPJ</b>	

MAIL TO:  
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