



State of Rhode Island
Department of State - Business Services Division

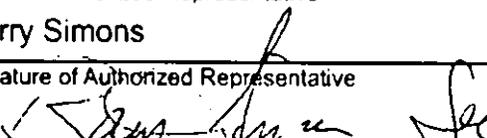
Annual Report for the year: 2021

Corporation

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 SEP - 8 A 9:10

1. Entity ID Number 1702048		2. Exact name of the Corporation Auto Funding Corporation			
3. Principal Office Address 1875 SW 4th Ave Suite C6			City Delray Beach	State FL	Zip 33444
4. NAICS Code 522220		6. Brief description of the character of business conducted in Rhode Island LEASE FINANCING FOR COMMERCIAL VEHICLES			
5. State of Incorporation Florida					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Jason Naumann			Vice-President Name Tomer Porat		
Street Address 1597 SW 5th Ave			Street Address 8421 Hawks Gully Ave		
City Boca Raton	State FL	Zip 33432	City Delray Beach	State FL	Zip 33446
Secretary Name Barry Simons			Treasurer Name NONE		
Street Address 4450 Woodfield Blvd			Street Address		
City Boca Raton	State FL	Zip 33434	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Robert Jason Naumann			Director Name Tomer Porat		
Street Address 1597 SW 5th Ave			Street Address 8421 Hawks Gully Ave		
City Boca Raton	State FL	Zip 33432	City Delray Beach	State FL	Zip 33446
Director Name Barry Simons			Director Name NONE		
Street Address 4450 Woodfield Blvd			Street Address		
City Boca Raton	State FL	Zip 33434	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
		100		A	1.00
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 Barry Simons					Date 08/09/23
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

SEP 08 2023
9:42am
BY LKS J31PJ