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

Annual Report for the year: **2024**

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 00794398	2. Exact name of the Corporation Flagship Credit Auto Trust 2013-1
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3. Principal Office Address Rodney Square North, 1100 North Market Street	City Wilmington	State DE	Zip 19890
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4. NAICS Code 522220	6. Brief description of the character of business conducted in Rhode Island to act as a special purpose entity in an asset-backed securities transaction.
5. State of Incorporation DE	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name Kenneth J. Sicinski		
Street Address			Street Address 3 Christy Drive, Suite 201		
City	State	Zip	City Chadds Ford	State PA	Zip 19317
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 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 Kenneth J. Sicinski	Date April 9, 2024
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Signature of Authorized Representative 	FILED
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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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BY ML 10367
FORM 630- Revised: 12/2023