



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2019

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

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

<b>8. List ALL directors (names and addresses)</b> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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

<b>9. Shares Authorized</b>	<b>10. Shares Issued</b> <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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	<b>0</b>	<b>X</b>	<b>X 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.

**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 <b>Kenneth J. Sicinski</b>	Date <b>April 9, 2024</b>
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Signature of Authorized Representative 	<b>FILED</b>
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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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