



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 001702048		2. Exact name of the Corporation Auto Funding Corporation	
3. Principal Office Address 1875 SW 4TH AVENUE 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 FL			
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	City Delray Beach	State FL
Zip 33432		Zip 33446	
Secretary Name Barry Simons		Treasurer Name	
Street Address 4450 Woodfield Blvd		Street Address	
City Boca Raton	State FL	City	State
Zip 33434		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	City Delray Beach	State FL
Zip 33432		Zip 33446	
Director Name Barry Simons		Director Name	
Street Address 4450 Woodfield Blvd		Street Address	
City Boca Raton	State FL	City	State
Zip 33434		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	
		100	A
			\$ 1.0000
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 Robert Jason Naumann		Date 08/15/24	
Signature of Authorized Representative		FILED AUG 20 2024 TDFR9 1213	

MAIL TO:
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