



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: Amended 2023  
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>000566418</b>		2. Exact name of the Corporation <b>Gelco Fleet Trust Inc.</b>			
3. Principal Office Address <b>10200 Grand Central Ave., Ste. 400</b>			City <b>Owings Mills</b>	State <b>MD</b>	Zip <b>21117</b>
4. NAICS Code <b>522298</b>		6. Brief description of the character of business conducted in Rhode Island <b>Nominee holder of legal title to vehicles and lessor under related leases and activities</b>			
5. State of Incorporation <b>Delaware</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>Element Fleet Corporation (Trustee)</b>			Vice-President Name <b>Matthew Farley</b>		
Street Address <b>10200 Grand Central Ave., Ste. 400</b>			Street Address <b>10200 Grand Central Ave., Ste. 400</b>		
City <b>Owings Mills</b>	State <b>MD</b>	Zip <b>21117</b>	City <b>Owings Mills</b>	State <b>MD</b>	Zip <b>21117</b>
Secretary Name <b>Matthew Farley</b>			Treasurer Name		
Street Address <b>10200 Grand Central Ave., Ste. 400</b>			Street Address <b>10200 Grand Central Ave., Ste. 400</b>		
City <b>Owings Mills</b>	State <b>MD</b>	Zip <b>21117</b>	City <b>Owings Mills</b>	State <b>MD</b>	Zip <b>21117</b>
8. List ALL directors (names and addresses) <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
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/SERIFS	PAR VALUE
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>Julianne DeGroat</b>				Date <b>1/30/2024</b>	
Signature of Authorized Representative 					

**FILED**   
**FEB - 8 2024**  
**BY**



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

February 08, 2024 01:11 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

