



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2011

**1. ID No.** 000152744

**2. Exact Name of the Limited Liability Company** Ford Motor Vehicle Assurance Company, LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

TO PROVIDE VEHICLE WARRANTY ADMINISTRATION

**5. Principal Office Address**

No. and Street: ONE AMERICAN ROAD  
WHQ ROOM 612

City or Town: DEARBORN State: MI Zip: 48126 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MS. THERESE FALETTI Contact Title: TAX ANALYST

No. and Street: TAX DEPARTMENT, WHQ ROOM 612  
ONE AMERICAN ROAD

City or Town: DEARBORN State: MI Zip: 48126 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	CURTIS YUN	ONE AMERICAN ROAD DEARBORN, MI 48126 USA
MANAGER	KARIM TOUAMI	ONE AMERICAN ROAD DEARBORN, MI 48126 USA
MANAGER	DONNA INCH	ONE AMERICAN ROAD DEARBORN, MI 48126 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 4 Day of October, 2011 at 6:39:10 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By HEMA LATHA  
Signature of Authorized Person

Form No. 632  
Revised 09/07