



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

No Fee

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

Foreign Business Corp  
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000950770

2. Name of Corporation Ally Financial Lease Trust

3. Street Address Principal Business Office:

No. and Street: 500 WOODWARD AVENUE  
10TH FLOOR

City or Town: DETROIT State: MI Zip: 48226 Country: USA

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

TO ACQUIRE, HOLD AND RELEASE ITS OWNERSHIP IN LEGAL TITLE TO LEASED VEHICLES

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
ASSISTANT SECRETARY AS SERVICER	BARBARA TAYLOR	200 RENAISSANCE CENTER DETROIT, MI 48265 USA
DIRECTOR	DEUTSCHE BANK TRUST COMPANY DELAWARE (AS TRUSTEE)	1011 CENTRE ROAD, SUITE 200 WILMINGTON, DE 19805 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
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STK	RESID	\$0.0000	1.00	0
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**9. 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.**

**Signed this 24 Day of October, 2016 at 2:37:14 PM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By BARBARA TAYLOR

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, 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:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

