


**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: 2017**1. ID No.** 000506691**2. Exact Name of the Limited Liability Company** GMAC Securities LLC**3. State of Formation**State: DE**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of business in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

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

BROKER/DEALER THAT OFFER SHARES OF PARTICIPATING STOCK (EQUITY SHARES) TO INVESTORS OF OFFSHORE DEALER REINSURANCE COMPANIES. ALSO A BROKER OF 401K PENSION SERVICES TO DEALERSHIPS.

5. Principal Office Address

No. and Street: 500 WOODWARD AVE
14TH FLOOR

City or Town: DETROITState: MIZip: 48226Country: USA**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**Contact Name: BARBARA TAYLOR Contact Title: AUTHORIZED SIGNER

No. and Street: 500 WOODWARD AVENUE
10TH FLOOR

City or Town: DETROITState: MIZip: 48226Country: USA
**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KURT S HALSEY	500 WOODWRAD AVE, 14TH FL. DETROIT, MI 48226 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 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 26 Day of June, 2017 at 1:43:19 PM 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 BARBARA TAYLOR
Signature of Authorized Person

Form No. 632
Revised 09/07

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