



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.** 000129779

**2. Exact Name of the Limited Liability Company** CAB EAST LLC

**3. State of Formation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

522220

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

STRUCTURED FINANCE/SECURITIZATION - LEASE PROGRAM - TITLING ENTITY

**5. Principal Office Address**

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

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: THERESE FALETTI Contact Title: TAX ANALYST

No. and Street: TAX DEPARTMENT, FORD WHQ, ROOM 612  
1 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**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	BERNARD ANGELO	ONE AMERICAN ROAD

		DEARBORN, MI 48126 USA
MANAGER	FRANK B. BILOTTA	ONE AMERICAN ROAD DEARBORN, MI 48126 USA
MANAGER	ALEXANDRA GALEANO	ONE AMERICAN ROAD DEARBORN, MI 48126 USA
MANAGER	COREY MACGILLIVRAY	ONE AMERICAN ROAD DEARBORN, MI 48126 USA
MANAGER	JASON BEHNKE	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 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 20 Day of September, 2017 at 9:43:00 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 COREY MACGILLIVRAY  
Signature of Authorized Person

Form No. 632  
Revised 09/07