Si	tate of Rhode Island and Pro		Fee: \$50.00
	Office of the Secreta Division Of Business 148 W. River S Providence RI 0290	s Services treet	
(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: 2019			
1. ID No. <u>000791728</u>			
2. Exact Name of the Limited Liability Company <u>AFI US LLC</u>			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>522220</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
ENTITY SERVES AS A PAYROLL COMPANY FOR ALLY FINANCIAL INC.			
5. Principal Office Addres	SS		
	ORANGE STREET MINGTON State	: <u>DE</u> Zip: <u>19801</u> Cour	ntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title: No. and Street: 500 WOODWARD AVENUE 10TH FLOOR			
City or Town: DETROIT State: MI Zip: <u>48226</u> Country: USA			ıntry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	Cada Countr
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Loae, Country

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

**Signed this 13 Day of June, 2019 at 11:49:21 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 <u>BARBARA TAYLOR</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$  2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved