State of Rhode Island
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: 2021

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: STEPHANIE GLAAB 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	CARRIE YEE	ONE AMERICAN ROAD DEARBORN, MI 48126 USA
MANAGER	NATHAN HERBERT	ONE AMERICAN ROAD DEARBORN, MI 48126 USA
MANAGER	KEVIN J. CORRIGAN	ONE AMERICAN ROAD DEARBORN, MI 48126 USA
MANAGER	RYAN HERSHBERGER	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 24 Day of September, 2021 at 8:51:10 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 RYAN HERSHBERGER
Signature of Authorized Person

Form No. 632
Revised 09/07