



**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. 000158416

2. Exact Name of the Limited Liability Company ALLY SERVICING 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.

522390

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

ALLY SERVICING SERVICES MOTOR VEHICLE RETAIL INSTALLMENT SALES CONTRACTS AND LEASES THAT ARE PURCHASED BY ALLY FINANCIAL INC., NUVELL NATIONAL AUTO FINANCE LLC, NUVELL FINANCIAL SERVICES LLC, AMERICAN SUZUKI FINANCIAL SERVICES COMPANY LLC, AND ALLY BANK. SERVICING BEGINS ONCE THE PURCHASE OR LEASE CONTRACT HAS BEEN PURCHASED AND CONTINUES THROUGHOUT THE LIFE OF THE CONTRACT OR LEASE. SERVICING INCLUDES, BUT IS NOT LIMITED TO, CUSTOMER SERVICE, PAYMENT PROCESSING, ACCOUNTING, RECORD KEEPING, CERTIFICATE OF TITLE AND CONTRACT HANDLING, ACCOUNT MODIFICATIONS, LEGAL COLLECTION AND RECOVERY SERVICES, ACCOUNT TERMINATIONS, REPOSSESSION OF VEHICLE AND REMARKETING, SPECIAL HANDLING, AFTERMARKET PRODUCT AND INSURANCE CLAIM ACTIVITY, COMPLAINT HANDLING AND CREDIT BUREAU HANDLING.

5. Principal Office Address

No. and Street: 500 WOODWARD AVENUE

City or Town: DETROIT

State: MI Zip: 48226 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 500 WOODWARD AVENUE
City or Town: DETROIT State: MI Zip: 48226 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
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**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 30 Day of September, 2021 at 2:24:23 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 NATALIE PICKENS
Signature of Authorized Person

Form No. 632
Revised 09/07