



**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: February 1 - May 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: 2023

1. ID No. 000129453

2. Exact Name of the Limited Liability Company ALLY COMMERCIAL FINANCE 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.

522299

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

PARENT LEGAL ENTITY ORIGINALLY ESTABLISHED TO CONDUCT STRUCTURED FINANCE AND FACTORING TRANSACTIONS WITHIN THE UNITED STATES FOR ALLY'S

CORPORATE FINANCE ("ALLY CF") BUSINESS. FOUNDED IN 1999 (AND F/K/A GMAC COMMERCIAL FINANCE), ALLY COMMERCIAL FINANCE LLC ("ACF") PROVIDED SENIOR SECURED LOAN FACILITIES OF UP TO \$500 MILLION TO A WIDE VARIETY OF MIDDLE MARKET CLIENTS IN DIVERSE INDUSTRIES. THE ALLY CF BUSINESS IS NOW FUNDED BY ALLY BANK, AND REMAINING BUSINESS IN ACF INCLUDES LOANS

NOT MEETING ALLY BANK UNDERWRITING CRITERIA (NON-CONTRIBUTED LOANS AND

LOANS ORIGINATED OUTSIDE OF ALLY BANK AFTER THE INITIAL CONTRIBUTION),

AS WELL AS EQUITY INVESTMENTS RELATED TO RESTRUCTURINGS AND NEW

TAG-

ALONG EQUITY INVESTMENTS MADE IN CONNECTION WITH LOANS ORIGINATED BY

ALLY BANK.

5. Principal Office Address

No. and Street: 300 PARK AVENUE
4TH FLOOR

City or Town: NEW YORK State: NY Zip: 10022 Country: USA

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

Contact Name: Contact Title:

No. and Street: 300 PARK AVENUE
4TH FLOOR

City or Town: NEW YORK State: NY Zip: 10022 Country: USA

**7. 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

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

Signed this 21 Day of April, 2023 at 7:16:45 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 STACEY BUSCH

Signature of Authorized Person

Form No. 632
Revised 09/07

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