



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000025321

2. Name of Corporation Ameriprise Advisor Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 719 GRISWOLD, SUITE 1700

City or Town: DETROIT

State: MI

Zip: 48226

Country: USA

4. Business Phone No.

5. State of Incorporation

State: MI

6. Brief Description of the Character of Business Conducted in Rhode Island

SECURITIES BROKER/ DEALER

7. Names and Addresses of the Officers and Directors:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	JOAN K COHEN	ONE H&R BLOCK WAY KANSAS CITY, MO 64105 USA
SECRETARY	LISA S FILDES	719 GRISWOLD ST., STE. 1700 DETROIT, MI 48226 USA
VICE PRESIDENT	DAVID C ANDREW	719 GRISWOLD ST., STE. 1700 DETROIT, MI 48226 USA
PRESIDENT	JOAN K COHEN	ONE H&R BLOCK WAY KANSAS CITY, MO 64105- USA
DIRECTOR	DAN M MCASKIN	719 GRISWOLD ST., STE. 1700 DETROIT, MI 48226 USA
DIRECTOR	DAVID E GESCHKE	ONE H&R BLOCK WAY KANSAS CITY, MO 64105 USA
DIRECTOR	JOAN K COHEN	ONE H&R BLOCK WAY KANSAS CITY, MO 64105 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	10,000,000.00	0

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 23 Day of January, 2009 at 9:21:49 AM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LISA S. FILDES
Signature of Authorized Representative of the Corporation

SECRETARY
Title

Form No. 630
Revised 09/07

© 2007 - 2009 State of Rhode Island and Providence Plantations
All Rights Reserved