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

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

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.

1. ID No.	2. Exact name of the limited liability company
265731	Farmers Financial Solutions LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
NV	Retail broker dealer of financial securities

5. Principal office address	City	State	Zip
4680 Wilshire Blvd	Los Angeles	CA	90010

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Doren E. Hohl	FFS Holding LLC Member, DOREN E HOHL ITS Secretary

Street Address	City	State	Zip
4680 Wilshire Blvd	Los Angeles	Ca	90010

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Jerry J. Carnahan	4680 Wilshire Blvd	Los Angeles	CA	90010

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

Agent Name	Address	City	Zip

FILED
MAY 19 2010
BY 118578

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

2010 MAY 19 PM 8:28

2010 MAY 13 AM 10:28

[redacted] 265731

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Signature of Authorized Person *Date* 5/7/10

FFS Holding LLC Member, DOREN E HOHL ITS Secretary
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 07/07