



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 2010

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. <u>16397A</u>		2. Exact name of the limited liability company <u>Brokers International Financial Services, LLC</u>	
3. State of Formation <u>IA</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Broker / Dealer</u>	
5. Principal office address <u>102 SE 13th St</u>		City <u>Panora</u>	State <u>IA</u>
		Zip <u>50216</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Andrea Kemble</u>		Contact Title <u>CFO</u>	
Street Address <u>102 SE 13th St</u>		City <u>Panora</u>	State <u>IA</u>
		Zip <u>50216</u>	
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) <input type="checkbox"/>			
Manager Name <u>Matt Boff</u>		Manager Name <u>Gary Stepp</u>	
Street Address <u>102 SE 13th St</u>		Street Address <u>102 SE 13th St</u>	
City <u>Panora</u>	State <u>IA</u>	City <u>Panora</u>	State <u>IA</u>
Zip <u>50216</u>		Zip <u>50216</u>	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <u>National Registered Agent, Inc</u>		Address <u>590 Park Street Suite 6</u>	
Address		City <u>St. Paul, MN</u>	Zip <u>55103</u>

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

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.

Andrea Kemble 8-26-10
Signature of Authorized Person Date
Andrea Kemble
Print or Type Name of Authorized Person

FILED	
File Date	<u>AUG 30 2010</u>
Check No.	<u>4178</u>
By	<u>[Signature]</u>
FOR SECRETARY OF STATE USE ONLY	