



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 2011

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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)(2)) is subject to a penalty fee of \$25.00.

1. ID No. 117267		2. Exact name of the limited liability company National Financial Services LLC			
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Broker / Dealer			
5. Principal office address 82 Devonshire Street, F7B		City Boston	State MA	Zip 02109	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Peter D. Stahl		Contact Title Assistant Secretary			
Street Address 82 Devonshire Street, F7B		City Boston	State MA	Zip 02109	
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 Mark A. Haggerty		Manager Name Gerard McGraw			
Street Address 82 Devonshire Street		Street Address 82 Devonshire Street			
City Boston	State MA	Zip 02109	City Boston	State MA	Zip 02109
Manager Name Sanjiv H. Mirchandani		Manager Name			
Street Address 82 Devonshire Street		Street Address			
City Boston	State MA	Zip 02109	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

FILED

OCT 8 1 2011

By

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

Peter D. Stahl, Assistant Secretary

Print or Type Name of Authorized Person

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