



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

1. ID No. 113474		2. Exact name of the limited liability company Wells Fargo Brokerage Services, LLC	
3. State of Formation Delaware		4. Brief description of the character of the business which is actually conducted in Rhode Island Brokerage Services	
5. Principal office address 608 Second Ave. South		City Minneapolis	State MN
		Zip 55479	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Diana Lea-Kahle		Contact Title Asst Secretary	
Street Address Sixth and Marquette		City Minneapolis	State MN
		Zip 55479	
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 Michael A. Schaefer		Manager Name Silas Mathies, Jr.	
Street Address 608 Second Ave. South		Street Address 608 Second Ave. South	
City Minneapolis	State MN	City Minneapolis	State MN
Zip 55479		Zip 55479	
Manager Name John R. Shrewsberry		Manager Name Alan T. Hogg	
Street Address 45 Fremont Street		Street Address 608 Second Ave. South	
City San Francisco	State CA	City Minneapolis	State MN
Zip 94105		Zip 55479	
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			

**FILED**

AUG 20 2012

*[Signature]*  
29-177152  
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

RECEIVED  
AUG 20 2012  
PROVIDENCE, RI

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

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]*  
Signature of Authorized Person  
Date  
Diana Lea-Kahle  
Print or Type Name of Authorized Person