



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000135489		2. Exact name of the Corporation LEGG MASON FINANCIAL SERVICES, INC.			
3. Principal office address 100 LIGHT STREET		City BALTIMORE	State MD	Zip 21202	
4. Business Phone No. 813-604-8115		5. State of Incorporation MD			
6. Brief description of the character of business conducted in Rhode Island INSURANCE BROKER, FINANCIAL SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name STEPHEN T. MARYNOWSKI			Vice-President Name STEPHEN W. ENOCH		
Street Address 787 7TH AVENUE			Street Address 700 RED BROOK BLVD.		
City NEW YORK	State NY	Zip 10019	City OWINGS MILL	State MD	Zip 21137
Secretary Name (Assistant) Lisa A. Hoffman			Treasurer Name KEITH J. ANZEL		
Street Address 3800 Citigroup Center Drive			Street Address 388 GREENWICH ST.		
City Tampa	State FL	Zip 33610	City New York	State NY	Zip 10013
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DONALD BENDERNAGEL			Director Name SCOTT L. FLOOD		
Street Address 388 GREENWICH ST.			Street Address 388 GREENWICH ST.		
City NEW YORK	State NY	Zip 10013	City NEW YORK	State NY	Zip 10013
Director Name CLIFFORD VERRON			Director Name NONE		
Street Address 388 GREENWICH ST.			Street Address		
City NEW YORK	State NY	Zip 10013	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	0.00

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.

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

FILED

JAN 15 2013

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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 Representative

Lisa A. Hoffman

Print or Type Name of Authorized Representative

Date

1/14/13