



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000117267		2. Exact name of the limited liability company National Financial Services LLC			
3. State of Formation Delaware		4. Brief description of the character of business conducted in Rhode Island Broker/Dealer			
5. Principal office address 245 Summer St., MZ F7B		City Boston	State MA	Zip 02210	
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 245 Summer St., MZ F7B		City Boston	State MA	Zip 02210	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Brian B. Conroy		Manager Name Gerard McGraw			
Street Address 245 Summer St., MZ F7B		Street Address 245 Summer St., MZ F7B			
City Boston	State MA	Zip 02210	City Boston	State MA	Zip 02210
Manager Name Mark Katzelnick		Manager Name Sanjiv H. Mirchandani			
Street Address 245 Summer St., MZ F7B		Street Address 245 Summer St., MZ F7B			
City Boston	State MA	Zip 02210	City Boston	State MA	Zip 02210
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

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 STATE OF RHODE ISLAND
 CORPORATIONS DIV

FILED
 OCT 0 4 2013
 BY CA 207570

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.

Peter D. Stahl 10/01/2013
 Signature of Authorized Person Date

Peter D. Stahl
 Print or Type Name of Authorized Person