

## 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.	2. Exact nar	ne of the limited liab	pility company						
00048548	1 PERSH	IING ADVISOR	SOLUTIONS LLC						
3. State of Formation DELAWARE		Brief description of the character of business conducted in Rhode Island     GENERAL SECURITIES BROKER/DEALER							
5. Principal office address ONE PERSHING PLAZA, 4TH FLOOR			City JERSEY CITY	State NJ	Zip 07399				
6. MAILING ADDRESS O	F LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:	,				
Contact Name RICHARD IZZO			Contact Title VICE PRESIDENT						
Street Address ONE PERSHING PLAZA			City JERSEY CITY	State NJ	Zip 07399				
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE - <u>Do</u>	NOT LIST	MEME	ERS		
Manager Name			Manager Name						
Street Address			Street Address						
City	State	Zip	City	State	Zip				
Manager Name			Manager Name			20			
Street Address			Street Address						
City	State	Zip	City	State	Zip	3			
8. RESIDENT AGENT IN I					,	_	<u> </u>		
This information is curre	ntly of record in the	Office of the Sec	retary of State, Changes require fil	ing Form 642.		<u> </u>			
						<u>:</u>	<u> </u>		
		F	ILED				NA PARE		
			Г <b>З1</b> 2013						
			-209687						

A- A.

File Date	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.		
Check No	himma	11.78-13	
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012