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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 2014

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.	2. Exact name of the Corporation
000102781	CITIGROUP GLOBAL MARKETS, INC

3. Principal office address	City	State	Zip
388 GREENWICH STREET	New York	NY	10013

4. Business Phone No.	5. State of Incorporation
8136048143	NEW YORK

6. Brief description of the character of business conducted in Rhode Island
SECURITIES BROKERAGE FIRM

RECEIVED FEB -6 AM 9:25 SECRETARY OF STATE

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
JAMES FORESE	NONE
Street Address: 388 GREENWICH ST	Street Address:
City: NEW YORK, State: NY, Zip: 10013	City: , State: , Zip:
Secretary Name: SCOTT L FLOOD	Treasurer Name: KEITH ANZEL
Street Address: 388 GREENWICH STREET	Street Address: 388 GREENWICH ST
City: NEW YORK, State: NY, Zip: 10013	City: NEW YORK, State: NY, Zip: 10013

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
JAMES FORESE	WILLIAM MILLS
Street Address: 388 GREENWICH ST	Street Address: 399 PARK AVENUE
City: NEW YORK, State: NY, Zip: 10013	City: NEW YORK, State: NY, Zip: 10022
Director Name: EDWARD KELLY	Director Name: NONE
Street Address: 388 GREENWICH STREET	Street Address:
City: NEW YORK, State: NY, Zip: 10013	City: , State: , Zip:

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	1,000	Common	10,000.00

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.

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.

Lisa A. Hoffman 2.4.14
Signature of Authorized Representative — Date

LISA A HOFFMAN
Print or Type Name of Authorized Representative

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

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Form No. 630
Revised: 01/2012

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