State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company
Annual Report

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2014

1. ID No. 000186561

2. Exact Name of the Limited Liability Company Nationwide Fund Distributors LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

The company is a limited purpose Broker Dealer.

5. Principal Office Address

No. and Street: ONE NATIONWIDE PLAZA
City or Town: COLUMBUS State: OH Zip: 43215 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: LEGAL DEPT Contact Title:
No. and Street: ONE NATIONWIDE PLAZA
City or Town: COLUMBUS State: OH Zip: 43215 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	STEPHEN T GRUGEON	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 USA
MANAGER	MICHAEL S SPANGLER	ONE NATIONWIDE PLAZA COLUMBUS, OH 43215 USA

0-42560

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI

02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 10 Day of October, 2014 at 12:27:39 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KATHY R RICHARDS
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations
All Rights Reserved