



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

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000025599

2. Name of Corporation UBS Financial Services Insurance Agency Inc.

3. Street Address Principal Business Office:

No. and Street: 1200 HARBOR BOULEVARD

City or Town: WEEHAWKEN

State: NJ

Zip: 07086

Country: USA

4. Business Phone No.

203-719-6025

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

Incorporated to allow the sale of life insurance and annuity products. Houses the licenses of the individual agents which are UBS Financial Services advisors.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KEVIN RUTH	1200 HARBOR BOULEVARD WEEHAWKEN, NJ 07086 USA
SECRETARY	TAMBRA S. KING	1200 HARBOR BOULEVARD WEEHAWKEN, NJ 07086 USA
CEO	KEVIN RUTH	1200 HARBOR BOULEVARD WEEHAWKEN, NJ 07086 USA
CFO	CHARLENE BARNSDALE	1200 HARBOR BOULEVARD WEEHAWKEN, NJ 07086 USA

DIRECTOR	KEVIN RUTH	1200 HARBOR BOULEVARD WEEHAWKEN, NJ 07086 USA
DIRECTOR	DAVID PETERSON	1200 HARBOR BOULEVARD WEEHAWKEN, NJ 07086 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	1,000.00	100

9. 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.

Signed this 19 Day of February, 2016 at 1:36:46 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By TAMBRA S. KING, SECRETARY
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved