



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 **2016**

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. 000091433		2. Exact name of the Corporation LEHMAN BROTHERS HOLDINGS INC.			
3. Principal office address 1271 AVENUE OF THE AMERICAS			City NEW YORK	State NY	Zip 10020
4. Business Phone No. 201-526-1484		5. State of Incorporation DELAWARE			
6. Brief description of the character of business conducted in Rhode Island TO ACT AS A HOLDING COMPANY					
President Name CHRISTOPHER O'MEARA			Vice-President Name LINDA A. KLANG		
Street Address 1271 AVENUE OF THE AMERICAS			Street Address 101 HUDSON STREET, 38TH FLOOR		
City NEW YORK	State NY	Zip 10020	City JERSEY CITY	State NJ	Zip 07302
Secretary Name MATTHEW CANTOR			Treasurer Name ANTON KOLEV		
Street Address 1271 AVENUE OF THE AMERICAS			Street Address 1271 AVENUE OF THE AMERICAS		
City NEW YORK	State NY	Zip 10020	City NEW YORK	State NY	Zip 10020
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CLIFFORD FEIBUS			Director Name JEFFRY CIONGOLI		
Street Address 1271 AVENUE OF THE AMERICAS			Street Address 101 HUDSON STREET, 38TH FLOOR		
City NEW YORK	State NY	Zip 10020	City JERSEY CITY	State NJ	Zip 07302
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1	COMMON	\$0.10
			1	PREFERED	\$1.00

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY
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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.

Linda A. Klang
 Signature of Authorized Representative

03/22/2016

Date

LINDA A. KLANG

Print or Type Name of Authorized Representative