S	tate of Rhode Island and Pro Office of the Secreta	ry of State	50.00		
	Division Of Business 148 W. River S				
	Providence RI 0290				
HORE	(401) 222-3040				
HOPE	(+01) 222 30+0				
Limited Liability Company					
Annual Report Filing Period: September 1 - November 1					
rning Fehou. September i - November i					
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: 2016					
1. ID No. <u>000789387</u>					
2. Exact Name of the Limited Liability Company Red Capital Markets, LLC					
3. State of Formation					
State: <u>DE</u>					
	ARTICLE III				
Using the following NAICS codes, please select the code that best describes your business.					
NAICS Code					
INAICS Code	NAICS Code <u>6</u> <u>52</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island					
GENERAL INVESTME					
GENERAL INVESTMENT BANKING AND FINANCIAL ADVISORY WORK					
5. Principal Office Addre	SS				
No. and Street: 10 W BBOAD ST					
No. and Street: <u>10 W BROAD ST</u> 8TH FLOOR					
	DLUMBUS State: OH	Zip: <u>43215</u> Country: <u>USA</u>			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:					
o. Maining Address of Linnied Liability Company and Name or Title of Contact Person:					
No. and Street: <u>10 W BROAD ST, 8TH FLOOR</u> City or Town: COLUMBUS State: OH Zip: 43215 Country: USA					
City or Town: <u>COLUMBUS</u> State: <u>OH</u> Zip: <u>43215</u> Country: <u>USA</u>					
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS					
Title	Individual Name	Address			
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Countr	у 📗		
MANAGER	EDWARD J MEYLOR	10 W BROAD ST 8TH FL			
		COLUMBUS, OH 43215 USA			

MANAGER	JAMES F CROFT	10 W BROAD ST 8TH FL COLUMBUS, OH 43215 USA
Changes Require Filin CAPITOL CORPORATE 02888		N BOULEVARD, SUITE 200 WARWICK , RI
signature of the individu acknowledgement of the individual's act and dee	al or individuals signing this in e signatory, under penalties of j ed or the act and deed of the con e electronic filing, in compliant LOR, MANAGER	by the authorized person. This electronic nstrument constitutes the affirmation or perjury, that this instrument is that mpany, and that the facts stated herein are ce with R.I. Gen. Laws § 7-16.
Form No. 632 Revised 09/07		
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