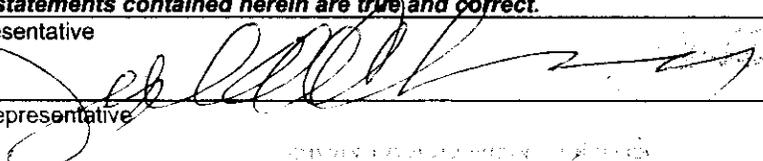




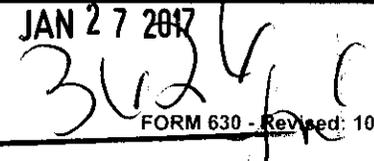
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 14772		2. Exact name of the Corporation Nephrology Associates, Inc.			
3. Principal Office Address 318 Waterman Avenue			City East Providence	State RI	Zip 02914
4. NAICS Code 62 - Health Care and Social		6. Brief description of the character of business conducted in Rhode Island MEDICAL SERVICES			
5. State of Incorporation					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joseph A. Chazan, MD			Vice-President Name		
Street Address 318 Waterman Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph A. Chazan, MD			Director Name		
Street Address 318 Waterman Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	CNP	0.00
11. 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. <i>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.</i>					
Name of Authorized Representative Joseph A. Chazan, MD				Date 01/23/2017	
Signature of Authorized Representative 				FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 27 2017
 BY  **FILED**
 FORM 630 - Revised: 10/2016



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000024712		2. Exact name of the Corporation Stifel, Nicolaus & Company, Inc.			
3. Principal Office Address 501 N Broadway		City St. Louis	State MO	Zip 63102	
4. NAICS Code 52	6. Brief description of the character of business conducted in Rhode Island Securities Broker/Dealer				
5. State of Incorporation MO					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Please See Attached		Vice-President Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Please See Attached		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		CWP		1.0000	
		PWP		100.0000	
11. 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.					
Name of Authorized Representative Thomas K Goedeke				Date 1/17/2017	
Signature of Authorized Representative 		SIGN DOCUMENT HERE		FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JAN 27 2017

BY 11088845

FORM 630 - Revised: 10/2016

FD 024712

Stifel, Nicolaus & Company, Incorporated

Board of Directors

Ronald J. Kruszewski	Chief Executive Officer Chairman of the Board Director	St. Louis, Missouri
James M. Zemlyak	Executive Vice President Chief Operating Officer Director	St. Louis, Missouri
Michael F. Imhoff	Senior Vice President Director	St. Louis, Missouri
Thomas R. Kendrick IV	Senior Vice President Director	St. Louis, Missouri
David D. Sliney	Senior Vice President Director	St. Louis, Missouri
Richard J. Himelfarb	Executive Vice President Director	Baltimore, Maryland
Thomas P. Mulroy	Executive Vice President Director	Baltimore, Maryland
Hugo J. Warns, III	Senior Vice President Director	Baltimore, Maryland

Officers

David Minnick	Senior Vice President Secretary	St. Louis, Missouri
Stephen J Bushmann	Vice President Chief Financial Officer	St. Louis, Missouri
Victor J. Nesi	Executive Vice President	New York, New York
Ben A. Plotkin	Executive Vice President	Palm Beach, Florida
Allen Brautigam	Senior Vice President	St. Louis, Missouri
Thomas K. Goedeke	Vice President	St. Louis, Missouri

All Officers And Directors May Be Contacted Through:

**Stifel Financial Corp.
501 North Broadway
St. Louis, Missouri 63102**

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JAN 27 2017

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