



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: 2017

1. Corporate ID No. 000114124

2. Name of Corporation Wells Fargo Insurance Services USA, Inc.

3. Street Address Principal Business Office:

No. and Street: 301 SOUTH COLLEGE STREET
FLOOR 19

City or Town: CHARLOTTE State: NC Zip: 28288 Country: USA

4. Business Phone No.

8009279800

5. State of Incorporation

State: NC

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 52

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

INSURANCE SALES

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
DIRECTOR	SCOTT D ANDERSON	301 SOUTH COLLEGE STREET CHARLOTTE, NC 28288 USA

SECRETARY	DEBRA L MCCOMBS	301 SOUTH COLLEGE STREET CHARLOTTE, NC 28288 USA
PRESIDENT	KEVIN M. BROGAN	301 SOUTH COLLEGE STREET CHARLOTTE, NC 28288 USA
DIRECTOR	TODD N. WARTCHOW	301 SOUTH COLLEGE STREET CHARLOTTE, NC 28288 USA
TREASURER	TINA TAYLOR CALLAN	301 SOUTH COLLEGE STREET CHARLOTTE, NC 28288 USA
DIRECTOR	DONNA J LANGER-HANSEN	301 SOUTH COLLEGE STREET CHARLOTTE, NC 28288 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		\$5.0000	10,000.00	200

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 20 Day of February, 2017 at 1:36:43 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 DEBRA L MCCOMBS
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations
All Rights Reserved