



**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

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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: 2017

1. ID No. 000246666

2. Exact Name of the Limited Liability Company FMR LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

523930

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PARENT COMPANY

5. Principal Office Address

No. and Street: 245 SUMMER STREET, ZW9A

City or Town: BOSTON

State: MA Zip: 02210 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street: 245 SUMMER STREET, ZW9A

City or Town: BOSTON

State: MA Zip: 02210 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JOHN J REMONDI	245 SUMMER STREET BOSTON, MA 02210 US
MANAGER	MICHAEL E WILENS	245 SUMMER STREET

		BOSTON, MA 02210 US
MANAGER	GERARD MCGRAW	245 SUMMER STREET BOSTON, MA 02210 US
MANAGER	ABIGAIL P JOHNSON	245 SUMMER STREET BOSTON, MA 02210 US
MANAGER	EDWARD C JOHNSON IV	245 SUMMER STREET BOSTON, MA 02210 US
MANAGER	JAMES C CURVEY	245 SUMMER STREET BOSTON, MA 02210 US

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 30 Day of October, 2017 at 11:44:21 AM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PETER D. STAHL
Signature of Authorized Person

Form No. 632
Revised 09/07

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