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

Annual Report for the year: 2018 **Limited Liability Company** 

- → Filing period: September 1 November 1 → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2 Evant name	of the Limited I	iability Company		·		
1. Entity ID Number 2. Exact name of the Limited Liability Company 2. MMC Securities LLC							
3. NAICS Code	IAICS Code 4. Bnef description of the character of business conducted in Rhode Island						
523 120 REGISTERED BROKER DEALER							
5. State of Formation							
DELAWARE							
6. Principal Office Address	<u> </u>		City	State	Ζιρ		
1209 DRANGE STREET			WILMINGTON	DE	19801		
7. Mailing Address of Limited Lia	bility Company	and Name or Tit	le of Contact Person				
Contact Name JOSEPH P GIGLIO	OTTI		Contact Title VICE PRESIDENT - TAX				
Street Address 121 RIVER STRE	ET, 3RD FL - T	'AX DEPT	City HOBOKEN	State NJ	Zip 07030		
8. List ALL managers (names a	nd addresses) (	of the Limited Lial	bility Company, IF APPLICAL	BLE - DO NOT LIST N	MEMBERS		
Manager Name KIM BLACKMOR	E		Manager Name JOSEPH P GILGLIOTTI				
Street Address 121 RIVER STRE	ET		Street Address 121 RIVER STREET, 3RD FL -TAX DEPARTMENT				
City HOBOKEN	State NJ	<sup>Zip</sup> 07030	City HOBOKEN	State NJ	Z <sub>IP</sub> 07030		
Manager Name CHRISTOPHER E	ZBIANSKY		Manager Name MARIANE LIEBOWITZ				
Street Address 1168 AVE OF THE	AMERICAS		Street Address 1166 AVE OF THE AMERICAS				
City NEW YORK	State NY	<sup>Zip</sup> 10036	City NEW YORK	StateNY	<sup>Zip</sup> 10036		
				Check the box to it	ndicate an attachment		
9. Resident Agent in Rhode Island, This information is currently of record with the Department of State. Changes require filing Form 642.							
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 Person							
JOSEPH P GIGLIOTT	1/20	1 12018					
Signature of Authorized Person SIGN DOCUMEND HERE							
1)				<del></del>			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov FILED

FEB 09 2018