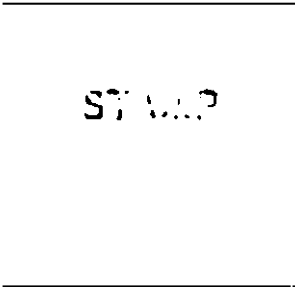




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



**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 <b>001679310</b>		2. Exact name of the Limited Liability Company <b>Siebert Cisneros Shank &amp; Co., L.L.C.</b>			
3. NAICS Code 523110		4. Brief description of the character of business conducted in Rhode Island ADMINISTRATION			
5. State of Formation Delaware					
6. Principal Office Address 100 Wall Street, 18th Floor		City New York	State NY	Zip 10005	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Daniel Diaz</b>			Contact Title <b>Controller</b>		
Street Address <b>100 Wall Street, 18th Floor</b>		City <b>New York</b>	State <b>NY</b>	Zip <b>10005</b>	
8. List <b>ALL</b> managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>					
Manager Name <b>Suzanne Shank</b>		Manager Name			
Street Address <b>535 Griswold Street, Suite 2250</b>		Street Address			
City <b>Detroit</b>	State <b>MI</b>	Zip <b>48226</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642					
<b>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.</b>					
Name of Authorized Person <b>Daniel Diaz</b>				Date <b>9/5/2018</b>	
Signature of Authorized Person 		SIGN DOCUMENT HERE			

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

**FILED**

**SEP 10 2018**

BY 1748 DS FORM 632 - Revised: 10/2017