Sta	ate of Rhode Island and Pr Office of the Secret		Fee: \$50.00
HOPE	Division Of Busines 148 W. River Providence RI 029 (401) 222-3	Street 904-2615	
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: 2018			
<b>1. ID No.</b> <u>000120177</u>			
<b>2. Exact Name of the Limited Liability Company</b> <u>NORTHWESTERN MUTUAL INVESTMENT</u> <u>SERVICES, LLC</u>			
3. State of Formation			
State: <u>WI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>523120</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
SECURITY BROKER/DEALER; INVESTMENT ADVISER; INSURANCE AGENCY			
5. Principal Office Address			
No. and Street:720 E.City or Town:MILWA	WISCONSIN AVENUE AUKEE	State: <u>WI</u> Zip: <u>53202</u> Count	try: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name:BRADLEY EULL Contact Title:ASST GEN COUNSELNo. and Street:PO BOX 3170City or Town:MILWAUKEEState:WIZip:53201-3170Country: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 Coo	de, Country

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

**Signed this 17 Day of October, 2018 at 11:12:58 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 <u>JENNIFER OLEARY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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