| s s | tate of Rhode Island and Pro Office of the Secreta | | Fee: \$50.00 |
|--|---|--|--------------------|
| Division Of Business Services | | | |
| 148 W. River Street Providence RI 02904-2615 | | | |
| HOPE | (401) 222-30 | | |
| Limited Liability Com Annual Report Filing Period: September 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 | | | |
| 1. ID No. <u>000795862</u> | | | |
| 2. Exact Name of the Limited Liability Company <u>CETERA ADVISORS LLC</u> | | | |
| 3. State of Formation | | | |
| State: <u>DE</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 th | e Character of the Business Whicl | n is Actually Conducted in Rho | de Island |
| SECURITIES BROKER/DEALER | | | |
| 5. Principal Office Addre | SS | | |
| No. and Street: 4600 SOUTH SYRACUSE STREET, SUITE 600 | | | |
| City or Town: <u>DENVER</u> | | State: <u>CO</u> Zip: <u>80237</u> C | ountry: <u>USA</u> |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: | | | |
| Contact Name: Contact Title: | | | |
| No. and Street: <u>401 FIRST STREET, SUITE 300</u> City or Town: <u>ST. CLOUD</u> State: MN Zip: <u>56301</u> Country: USA | | | |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS | | | |
| Title | Individual Name | Address | |
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Co | ode, Country |
| MANAGER | BRETT HARRISON | 4600 S SYRACUSE ST S DENVER, CO 80237 USA | |

ADAM ANTONIADES

200 N SEPULVEDA BLVD

MANAGER

EL SEGUNDO, CA 90245 USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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

Signed this 2 Day of November, 2018 at 10:56:15 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>GREG OLSON</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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