s s	tate of Rhode Island and Pro Office of the Secreta	
	Division Of Business	s Services
	148 W. River S	
	Providence RI 029 (401) 222-30	
HOPE	(401) 222-30	+0
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: 2019		
1. ID No. <u>000159637</u>		
2. Exact Name of the Limited Liability Company <u>WACHOVIA EQUITY SERVICING, LLC</u>		
3. State of Formation		
State: NJ		
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>522221</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
<u>BANKING</u>		
5. Principal Office Addre	SS	
No. and Street: 301 SC	OUTH COLLEGE STREET	
		State: <u>NC</u> Zip: <u>28288</u> Country: <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>301 SOUTH COLLEGE STREET</u>		
City or Town: CHARL	<u>_OTTE</u>	State: <u>NC</u> Zip: <u>28288</u> Country: <u>USA</u>
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 Code, Country
MANAGER	WILLIAM T. FOWLER	1100 CORPORATE CENTER DRIVE RALEIGH, NC 27607 USA
	<u> </u>	INALLIGH, NO 27007 USA

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

<u>CORPORATION SERVICE COMPANY</u> <u>222 JEFFERSON BOULEVARD, SUITE 200</u> <u>WARWICK</u>, <u>RI</u> <u>02888</u>

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

Signed this 18 Day of October, 2019 at 3:47:56 PM 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>BEVERLY JACKSON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2019 State of Rhode Island and Providence Plantations All Rights Reserved