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-					
148 W. River Street Providence RI 02904-2615 (401) 222-3040   Limited Liability Company Annual Report   Fing Period: September 1 - November 1   In accordance with R I G L. 7-16-68(d), each limited liability company failing or refusing to file its annual report within http:/(20) dags after the time presented 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. 0016666666   2. Exact Name of the Limited Liability Company SECURITY DISTRIBUTORS, LLC   3. State of Formation State: KS   ATTICLE II   Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.   523120   A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island the list of codes here.   BROKER/DEALER   9. Principal Office Address   No. and Street: ONE SECURITY BENEFIT PLACE (by or Town: TOPEKA   State: KS Zip: 66636 Country: USA   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: ONE SECURITY BENEFIT PLACE (by or Town: TOPEKA   Contact Name: Contact Title: No. and Street: Manager of the Limited Liability Company, if Applicable. Do NOT LIST MEMBERS   Title Individual Name Address. City or	s			Fee: \$50.00	
(401) 222-3040   Limited Liability Company Annual Report   Filing Period: September 1 - November 1   In accordance with R1 CL . 7-16-66(d), each limited liability company failing or refusing to life its annual report with intry (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. 0016666666   2. Exact Name of the Limited Liability Company SECURITY DISTRIBUTORS, LLC   3. State of Formation   State: KS   ARTICLE II   Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.   523120   4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   BROKER/DEALER   State: KS zip: 66636 Country: USA   No. and Street: ONE SECURITY BENEFIT PLACE City or Town: TOPEKA   State: KS zip: 66636 Country: USA   A Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: ONE SECURITY BENEFIT PLACE City or Town: TOPEKA   Contact Title: No. and Street: ONE SECURITY BENEFIT PLACE City or Town: TOPEKA		148 W. River	Street		
Annual Report   Filing Period: September 1 - November 1   In accordance with R1.G.L. 7-16-66(d), each limited liability company failing or refusing to folio its annual report with with (20) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a ponalty fee of \$25.00.   ANNUAL REPORT YEAR: 2019   1. ID No. 0016666666   2. Exact Name of the Limited Liability Company SECURITY DISTRIBUTORS, LLC   3. State of Formation   State; KS   ARTICLE III   Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.   523120   4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   BROKER/DEALER   5. Principal Office Address   No. and Street: ONE SECURITY BENEFIT PLACE   City or Town: TOPEKA   State: KS Zip: 66636   Country: USA   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Title: No. and Street:   ON as Steel: ONE SECURITY BENEFIT PLACE   City or Town: TOPEKA   State: KS   Amatend Address of E	HOPE				
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. 001666666 2. Exact Name of the Limited Liability Company SECURITY DISTRIBUTORS, LLC 3. State of Formation State: KS ARTICLE II Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online. 523120 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>BROKER/DEALER</u> 5. Principal Office Address No. and Street: ONE SECURITY BENEFIT PLACE City or Town: TOPEKA State: KS Zip: 66636 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: ONE SECURITY BENEFIT PLACE City or Town: TOPEKA State: KS Zip: 66636 Country: 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, City or Town, State, Zip Code, Country	Annual Report				
1. ID No. 001666666   2. Exact Name of the Limited Liability Company SECURITY DISTRIBUTORS, LLC   3. State of Formation   State: KS   ARTICLE III   Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.   523120   4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   BROKER/DEALER   5. Principal Office Address   No. and Street: ONE SECURITY BENEFIT PLACE   Contact Title:   No. and Street: ONE SECURITY BENEFIT PLACE   City or Town: TOPEKA State: KS_Zip: 66636_Country: USA   6 Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Title:   No. and Street: ONE SECURITY BENEFIT PLACE   City or Town: TOPEKA State: KS_Zip: 66636_Country: USA   TopeEKA   State: KS_Zip: 66636_Country: USA   TopeKA   State: KS_Zip: 2000, Country: USA   TopeKA   State: KS_Zip: 2000, Country: USA   Town: TOPEKA	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.				
2. Exact Name of the Limited Liability Company SECURITY DISTRIBUTORS, LLC   3. State of Formation   State: KS   ARTICLE III   Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.   523120   4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island   BROKER/DEALER   5. Principal Office Address   No. and Street: ONE SECURITY BENEFIT PLACE   City or Town: TOPEKA State: KS Zip: 66636 Country: USA   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Title:   No. and Street: ONE SECURITY BENEFIT PLACE   City or Town: TOPEKA State: KS Zip: 66636 Country: USA   7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.   DO NOT LIST MEMBERS Individual Name Address   Title Individual Name Address   First, Middle, Last, Suffix	ANNUAL REPORT YEAR: 2019				
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City or Town: TOPEKA State: KS Zip: 66636 Country: USA   6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   Contact Name: Contact Title:   No. and Street: ONE SECURITY BENEFIT PLACE State: KS Zip: 66636 Country: USA   7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. State: KS Zip: 66636 Country: USA   Title Individual Name Address Address Address   First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	5. Principal Office Addre	SS			
Contact Name: Contact Title:   No. and Street: ONE SECURITY BENEFIT PLACE   City or Town: TOPEKA   State: KS   Zip: 66636   Country: 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 Code, Country			State: <u>KS</u> Zip: <u>66636</u> Co	untry: <u>USA</u>	
No. and Street: City or Town: ONE SECURITY BENEFIT PLACE TOPEKA State: KS Zip: 66636 Country: USA   7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Individual Name Address   Title Individual Name Address Address Address   First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
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, City or Town, State, Zip Code, Country	No. and Street: ONE SECURITY BENEFIT PLACE				
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.				
8 RESIDENT AGENT IN RHODE ISI AND - DO NOT AL TER	Title			code, Country	

## 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 28 Day of October, 2019 at 11:55:10 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 JOHN WOHLETZ

Signature of Authorized Person

Form No. 632 Revised 09/07

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