



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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BUS SVCS DIV
2021 SEP - 7 PM 12:48

1. Entity ID Number 000086169		2. Exact name of the Corporation Citizens Securities, Inc.	
3. Principal Office Address One Citizens Bank Way		City Johnston	State RI
		Zip 02919	
4. NAICS Code 523120	6. Brief description of the character of business conducted in Rhode Island To act as a broker and dealer in securities.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Peter Dunlap		Vice-President Name none	
Street Address One Citizens Bank Way		Street Address	
City Johnston	State RI	City	State
	Zip 02919		Zip
Secretary Name Susan Steintal		Treasurer Name Yanina Reid	
Street Address One Citizens Bank Way		Street Address One Citizens Bank Way	
City Johnston	State RI	City Johnston	State RI
	Zip 02919		Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Rosemary Gaidos		Director Name Robert Howard	
Street Address One Citizens Bank Way		Street Address One Citizens Bank Way	
City Johnston	State RI	City Johnston	State RI
	Zip 02919		Zip 02919
Director Name Simon Griffiths		Director Name Chris Emerson	
Street Address One Citizens Bank Way		Street Address One Citizens Bank Way	
City Johnston	State RI	City Johnston	State RI
	Zip 02919		Zip 02919
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		100	Common
			\$0.01
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
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.			
Name of Authorized Representative GARY ASHJIAN			Date Aug 6, 2021
Signature of Authorized Representative <i>Gary Ashjian</i>			

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2815

Phone: (401) 222-3040

Website: www.sos.ri.gov

SEP 07 2021

BY *LM* 345EG
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FORM 630 - Revised: 08/2020

Additional Officers

Gary A. Ashjian - Assistant Secretary
One Citizens Bank Way
Johnston, RI 02919

Kevin Carvalho – Chief Financial Officer
One Citizens Bank Way
Johnston, RI 02919

Michael Bernardo – Chief Risk Officer
One Citizens Bank Way
Johnston, RI 02919

Robert Howard – Chief Operations Officer
One Citizens Bank Way
Johnston, RI 02919

David Shore – Chief Compliance Officer
One Citizens Bank Way
Johnston, RI 02919

Additional Directors

Christopher Weyrauch – Director
One Citizens Bank Way
Johnston, RI 02919

Maggie Wall – Director
One Citizens Bank Way
Johnston, RI 02919