



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**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: 2021**

**1. ID No. 000678406**

**2. Exact Name of the Limited Liability Company MORGAN STANLEY & CO. LLC**

**3. State of Formation**

State: DE

**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.

523999

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

U.S BROKER DEALER

**5. Principal Office Address**

No. and Street: 1585 BROADWAY

City or Town: NEW YORK

State: NY

Zip: 10036

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 1585 BROADWAY

City or Town: NEW YORK

State: NY

Zip: 10036

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
MANAGER	MICHAEL STERN	1585 BROADWAY NEW YORK, NY 10036 USA
MANAGER	THOMAS G. WIPF	1585 BROADWAY

		NEW YORK, NY 10036 USA
MANAGER	MOHIT ASHOK ASSOMULL	1585 BROADWAY NEW YORK, NY 10036 USA
MANAGER	MATTHEW E BERKE	1585 BROADWAY NEW YORK, NY 10036 USA
MANAGER	ISMAIL OMAR BHAIMIA	1585 BROADWAY NEW YORK, NY 10036 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE, RI 02914

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

**Signed this 12 Day of October, 2021 at 11:48:22 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 KELLY LETTMANN  
 Signature of Authorized Person

Form No. 632  
 Revised 09/07

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