State of Rho	ode Island Fee: \$50.00
Office of the Sec	retary of State
Division Of Bus	
148 W. Riv	
Providence RI	
1636 (401) 222-3040	
Limited Liability Company Annual Report	
Filing Period: February 1 - May 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: 2023	
1. ID No. <u>000540881</u>	
2. Exact Name of the Limited Liability Company <u>GLOBAL ATLANTIC DISTRIBUTORS, 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 here. More information on NAICS can be found online.	
<u>524210</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
REGISTERED BROKER DEALER	
5. Principal Office Address	
No. and Street: ONE FINANCIAL PLAZA 755 MAIN STREET	
24TH FLOOR	
City or Town: <u>HARTFORD</u>	State: <u>CT</u> Zip: <u>06103</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: ONE FINANCIAL PLAZA 755 MAIN	STREET
24TH FLOOR	
City or Town: <u>HARTFORD</u>	State: <u>CT</u> Zip: <u>06103</u> Country: <u>USA</u>
7. 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

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

Signed this 27 Day of March, 2023 at 5:43:14 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 TRACY CASTELLI

Signature of Authorized Person

Form No. 632 Revised 09/07

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