	State of Rhode I			Fee: \$50.00	
1 🔶	Office of the Secreta Division Of Business	5	1		
	148 W. River St				
	Providence RI 0290	04-2615			
1636	(401) 222-304	40			
Limited Liability Co	ompany				
Annual Report Filing Period: Februar	y 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 YE	EAR: <u>2023</u>				
1. ID No. <u>000108</u>	023				
2. Exact Name of the Limited Liability Company <u>Equitable Advisors, LLC</u>					
3. State of Formatio	n				
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 <u>here.</u> More information on <u>NAICS</u> can be found online.					
<u>523120</u>					
4. Brief Description of Island	of the Character of the Business Whi	ch is Actuall	y Conducted in F	Rhode	
REGISTERED BRO) KER-DEALER (SEC REGISTERE)	D/FINRA M	EMBER, SIPC).	ALSO	
<u>REGISTERED</u>					
	VISOR UNDER INVESTMENT AL	OVISERS A	<u>CT OF 1940. PR</u>	<u>INCIPAL</u>	
BUSINESSES ARE	E SHARES OF INVESTMENT PRO	ODUCTS P	RIMARII Y MI	TIIAI	
DISTRIBUTION OF SHARES OF INVESTMENT PRODUCTS, PRIMARILY MUTUAL FUNDS OFFERED BY					
AFFILIATES AND THIRD PARTIES AS WELL AS SALE OF BROKERAGE PRODUCTS					
AND VARIABLE LIFE AND					
AININUITY PRODU	CTS ISSUED BY EQUITABLE.				
5. Principal Office Address					
No. and Street: <u>129</u>	O AVENUE OF THE AMERICAS				
City or Town: <u>NE</u>	W YORK	State: <u>NY</u>	Zip: <u>10104</u> Cou	intry: <u>USA</u>	

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name:Contact Title:No. and Street:1290 AVENUE OF THE AMERICASCity or Town:NEW YORKState:NYZip:10104Country:USA				
7. 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 222 JEFFERSON BOULEVARD, SUITE 200</u> WARWICK , <u>RI</u> 02888				
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				
Signed this 20 Day of April, 2023 at 6:56:38 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>MICHAEL BRUDOLEY</u> Signature of Authorized Person				
Form No. 632 Revised 09/07				
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