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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: 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 - ENTER THE CURRENT YEAR **2024**: <u>2024</u>

- **1. ID No.** 000132941
- 2. Exact Name of the Limited Liability Company WELLS FARGO SECURITIES, LLC
- 3. State of Formation

State: DE

NAICS CODE

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.

523110

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

REGISTERD WITH SECURITIES AND EXCHANGE COMMISSION (SEC) AS A BROKER-DEALER AND WITH THE COMMODITY FUTURES TRADING COMMISSION (CFTC) AS A FUTURES COMMISSION MERCHANT (FCM). WFS LLC PROVIDES SECURITIES, INVESTMENT BANKING AND CAPITAL MARKETS PRODUCTS AND SERVICES TO MID-MARKET, LARGE, AND FORTUNE 500 COMPANIES AND INVESTMENT PRODUCTS TO INSTITUTIONAL INVESTORS IN THE U.S. WFS LLC'S PRODUCTS AND SERVICES INCLUDE FIXED-INCOME AND EQUITY SECURITIES UNDERWRITING, SALES AND TRADING, MERGERS AND ACQUISITIONS ADVISORY SERVICES, INVESTMENT BANKING AND PRODUCT ORIGINATION, PRIVATE PLACEMENTS, SECURITIES RESEARCH, LOAN SYNDICATIONS, PRIME BROKERAGE, AND FCM ACTIVITIES. WFS LLC WAS DESIGNATED AS A MATERIAL ENTITY BECAUSE IT IS ONE OF THE COMPANY'S LARGEST NON-BANK SUBSIDIARIES, MANAGING A MATERIAL BALANCE SHEET, AND IS SIGNIFICANT TO CERTAIN ASPECTS OF THE CORPORATE AND INVESTMENT BANKING CORE BUSINESS LINE.

5. Principal Office Address

No. and Street: 550 SOUTH TRYON STREET

City or Town: CHARLOTTE State: NC Zip: 28202 Country: USA

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

Contact Name: Contact Title:

No. and Street: 550 SOUTH TRYON STREET

City or Town: CHARLOTTE State: NC Zip: 28202 Country: USA

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

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

Signed this 29 Day of April, 2024 at 9:22:22 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 ASHLEY HAGER

Signature of Authorized Person

Form No. 632 Revised 09/07

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