RI SOS Filing Number: 202459083300 Date: 8/27/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
000025653	Waddell & Reed, Inc.

3. Principal Office Address	City	State	Zip
4707 EXECUTIVE DRIVE	SAN DIEGO	CA	92121

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
523120	SECURITIES BROKER/DEALER
5. State of Incorporation	
DE	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Matthew J. Audette	4707 EXECUTIVE DRIVE	SAN DIEGO	CA	92121

Vice-President Name	Street Address	City	State	Zip
Kirby Horan-Adams	4707 EXECUTIVE DRIVE	SAN DIEGO	CA	92121

Secretary Name	Street Address	City	State	Zip
Gregory M. Woods	4707 EXECUTIVE DRIVE	SAN DIEGO	CA	92121

Treasurer Name	Street Address	City	State	Zip
Brent Simonich	4707 EXECUTIVE DRIVE	SAN DIEGO	CA	92121

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Matthew J. Audette	4707 EXECUTIVE DRIVE	SAN DIEGO	CA	92121
Dan H. Arnold	4707 EXECUTIVE DRIVE	SAN DIEGO	CA	92121

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000		$1/share

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		Date
ROBERT S. HATFIELD III	**FILED**	8/8/2024

Signature of Authorized Representative — Signed by: C0EA6F4D3EBC43B.. AUG 27 2024 BY

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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023