State of Dhode Jaland	ee: \$50.00
State of Rhode Island For Office of the Secretary of State	ee: \$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 2025: 2025	
1. ID No. <u>000789551</u>	
2. Exact Name of the Limited Liability Company <u>LPL FINANCIAL LLC</u>	
3. State of Formation	
State: <u>CA</u>	
NAICS CODE	
Enter the six digit NAICS Code that best describes the primary business conducted by the enti Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	ty.
<u>523120</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhod Island	e
SECURITIES BROKER-DEALER	
SECURITIES BROKER-DEALER 5. Principal Office Address	
5. Principal Office Address	
5. Principal Office Address	USA
5. Principal Office Address No. and Street: 4707 EXECUTIVE DRIVE	USA
5. Principal Office Address No. and Street: 4707 EXECUTIVE DRIVE City or Town: SAN DIEGO State: CA Zip: 92121 Country: U	USA
5. Principal Office Address No. and Street: 4707 EXECUTIVE DRIVE City or Town: SAN DIEGO State: CA Zip: 92121 Country: Imited Liability Company and Name or Title of Contact Person:	USA
5. Principal Office Address No. and Street: 4707 EXECUTIVE DRIVE City or Town: SAN DIEGO State: CA Zip: 92121 Country: Generation G. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title:	
5. Principal Office Address No. and Street: 4707 EXECUTIVE DRIVE City or Town: SAN DIEGO State: CA Zip: 92121 Country: I 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 4707 EXECUTIVE DRIVE City or Town: SAN DIEGO State: CA Zip: 92121 Country: I Contact Name: Contact Title: No. and Street: 4707 EXECUTIVE DRIVE City or Town: SAN DIEGO State: CA Zip: 92121 Country: I 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	
5. Principal Office Address No. and Street: 4707 EXECUTIVE DRIVE City or Town: SAN DIEGO State: CA Zip: 92121 Country: Image: Country: 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 4707 EXECUTIVE DRIVE City or Town: SAN DIEGO State: CA Zip: 92121 Country: Image: Contact Title: No. and Street: 4707 EXECUTIVE DRIVE City or Town: SAN DIEGO State: CA Zip: 92121 Country: Image: Contact Title: No. and Street: 4707 EXECUTIVE DRIVE City or Town: SAN DIEGO	

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 21 Day of February, 2025 at 3:27:29 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>CELENA JENTSCH</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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