

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Amended

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filling Period: January 1 - March 1 - This report must be typed or printed legibly. Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

000123750		RBC Capital Markets Corporation				
3. Principal office address Three World Financial Center, 200 Vesey Street			City New York City	State NY	Zip 10281	
4. Business Phone No. (212) 858-7216			5. State of Incorporation Minnesota			
6. Brief description of the cha Full Service Securities		nducted in Rhode Island	1			
7. LIST ALL OFFICERS (N	MESAND ADDRES	ŠĒŠ) ("X" BOX FOR A	TACHMENT) Z 1845	new year ISO No. on any year of the control of the		
President Name			Vice-President Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip Zip	
8. LIST ALL DIRECTORS (	NAMES AND ADDRE	SSESY("X" BOX FOR	ATTACHMENT) 7		<del> </del>	
Director Name			Director Name		ယ 🕮	
Street Address			Street Address			
City	State	Zip	City	State	Zip S	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACHM	I Extor	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			200,000	Common Shares	0.125	
			1	Preferred Shares	0.1	
This report must be execute			ed representative. If the of the corporation by the re	corporation is in the hands of aceiver or trustee.	f a receiver or trustee,	
File Date			this report, includi	erjury, I declare and affirm ng any accompanying sch	edules and statements,	
Check No			and that airstatem	ents contained herein are t	1	
FILED		Signature of Authorized Representative Date		07/26/2012 Date		
FOR SECRETARY OF STATE USE ONLY AUG_0 3 2012		Esther Hellwig  Affint or Type Name of Authorized Representative				
Form No. 630 Revised: 01/2012	ŗ	31 05 18	SHIPIT OF Type Name	oi Aumorized Hepresentativ	е	



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

