



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 91433		2. Exact name of the Corporation Lehman Brothers Holdings Inc.			
3. Principal Office Address 277 Park Avenue, 46th Floor			City New York	State NY	Zip 10172
4. NAICS Code 523900		6. Brief description of the character of business conducted in Rhode Island To act as a holding company			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher O'Meara			Vice-President Name Linda A. Klang		
Street Address 277 Park Avenue, 46th Floor			Street Address 277 Park Avenue, 46th Floor		
City New York	State NY	Zip 10172	City New York	State NY	Zip 10172
Secretary Name Matthew Cantor			Treasurer Name Anton Kolev		
Street Address 277 Park Avenue, 46th Floor			Street Address 277 Park Avenue, 46th Floor		
City New York	State NY	Zip 10172	City New York	State NY	Zip 10172
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Clifford Feibus			Director Name Jeffry Ciongoli		
Street Address 277 Park Avenue, 46th Floor			Street Address 277 Park Avenue, 46th Floor		
City New York	State NY	Zip 10172	City New York	State NY	Zip 10172
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1	Common	\$0.10
			1	Preferred	\$1.00
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 Linda A. Klang, Senior Vice President				Date 1/18/2019	
Signature of Authorized Representative SIGN DOCUMENT HERE					

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

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