



State of Rhode Island
Department of State - Business Services Division

FILED AMP

Annual Report for the year: 2021
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

OCT 14 2021
 BY 1092 OS

1. Entity ID Number 1690748		2. Exact name of the Limited Liability Company Raiola Solutions, LLC			
3. NAICS Code 524210		4. Brief description of the character of business conducted in Rhode Island Retail Insurance			
5. State of Formation RI					
6. Principal Office Address 35 Park Avenue		City Portsmouth	State RI	Zip 02871	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Mitchell Raiola			Contact Title Member		
Street Address 35 Park Avenue		City Portsmouth	State RI	Zip 02871	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name None		Manager Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name None		Manager Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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 Person Mitchell Raiola				Date 10/1/21	
Signature of Authorized Person 					

MAIL TO:
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