



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 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: 2021

1. ID No. 001665624

2. Exact Name of the Limited Liability Company Metlife Services and Solutions, LLC

3. State of Formation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

561439

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THIS ENTITY ACTS AS A HUB FOR SOME SERVICES PROVIDED BY OFFSHORE SERVICE ENTITIES. THE OFFSHORE SERVICE ENTITIES PROVIDE SERVICES TO THIS ENTITY AND, IT, THROUGH SERVICE AGREEMENTS WITH THE USERS OF THE SERVICES, BILLS EACH APPROPRIATE AFFILIATE FOR ITS CORRESPONDING ALLOCATION.

5. Principal Office Address

No. and Street: 1209 ORANGE STREET
CORPORATION TRUST CENTER

City or Town: WILMINGTON

State: DE Zip: 19801 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 11330 OLIVE BLVD.,
TAX DEPT. 6-B106

City or Town: ST. LOUIS

State: MO Zip: 63141 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DAMIEN CRANWELL	18210 CRANE NEST DR TAMPA, FL 33647 USA
MANAGER	MICHAEL ZARCONE	111 WASHINGTON AVE, STE. 300 ALBANY, NY 12210 USA
MANAGER	PAWAN VERMA	ONE METLIFE WAY WHIPPANY, NJ 07981 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 25 Day of October, 2021 at 8:14:39 AM 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 MICHELLE KLOTZBACH
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved