	State of Rhode Office of the Secreta		State	Fee: \$50.0
	Division Of Busines	Service	es	
	148 W. River S	treet		
	Providence RI 029			
7636	(401) 222-30	40		
Limited Liabilit Annual Report				
Filing Period: Feb	pruary 1 - May 1			
refusing to file its	th R.I.G.L. 7-16-66(d), each limited liability annual report within thirty (30) days after 8-66(b&c)) is subject to a penalty fee of \$2	the time		/
ANNUAL REPOR	RT YEAR: <u>2023</u>			
1. ID No. <u>00(</u>	<u>)143476</u>			
2. Exact Name	of the Limited Liability Company <u>STRAT</u>	US SOL	LUTIONS, LL	<u>.C</u>
3. State of Form	nation			
State: <u>RI</u>				
	ARTICLE III			
	t NAICS Code that best describes the prim t of codes <u>here.</u> More information on <u>NAIC</u>	•		• •
<u>541620</u>				
4. Brief Descript Island	tion of the Character of the Business Wh	ch is Ac	ctually Condu	cted in Rhode
MANUFACTU	RER REPRESENTATIVE - SALES			
5. Principal Offi	ce Address			
No. and Street:	<u>10 DORRANCE STREET</u> SUITE 700			
City or Town:	PROVIDENCE Sta	te: <u>RI</u>	Zip: <u>02903</u>	Country: <u>USA</u>
6. Mailing Addre	ess of Limited Liability Company and Nan	ne or Tit	le of Contact	Person:
Contact Name: No. and Street:	JOHN S. REGO Contact Title: MANAGE <u>10 DORRANCE STREET</u> SUITE 700	<u>२</u>		
City or Town:		te: <u>RI</u>	Zip: <u>02903</u>	Country: <u>USA</u>

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

JOSEPH FARMER 6 STATE STREET WARREN , RI 02885

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

Signed this 1 Day of February, 2023 at 4:01:25 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 JOHN S.REGO

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved