



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 06 2023

BY

Handwritten initials and signature

Annual Report for the year: 2023

Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entry ID Number 001690748		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 Insurance Broker			
5. State of Formation RI					
6. Principal Office Address 35 Park Ave		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 Ave		City Portsmouth	State RI	Zip 02871	
8. 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 2/1/2023	
Signature of Authorized Person <i>Handwritten signature</i>					

MAIL TO:

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