



State of Rhode Island
Department of State - Business Services Division

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STATE OF RHODE ISLAND
FILE ONLY

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. Entity ID Number 000112163		2. Exact name of the Limited Liability Company Medical Mutual Services, LLC	
3. NAICS Code 524210		4. Brief description of the character of business conducted in Rhode Island Third Party Administrator	
5. State of Formation Ohio			
6. Principal Office Address 100 American Avenue		City Cleveland	State OH
			Zip 44144
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Theresa Kramer		Contact Title Lead Paralegal	
Street Address 100 American Avenue		City Cleveland	State OH
			Zip 44144
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Patricia B. Decensi		Date 5/4/23	
Signature of Authorized Person <i>Patricia B Decensi</i>			

FILED

MAY 08 2023
confirm
BY 1037756

MAIL TO:
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