RI SOS Filing Number: 202343272830 Date: 12/8/2023 9:53:00 AM



State of Rhode Island **Department of State - Business Services Division**

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Annual Report for the year: 2023

2023 DEC -8 A 9:52

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	2. Exact name of the Limited Liability Company			
001685001	Somerset Services, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
524298	Placement of professional liability insurance for physicians and attorneys.			
5. State of Formation	1			
Indiana				
6. Principal Office Address		City	State	Zip
5814 Reed Rd		Fort Wayne	IN	46835
7. Mailing Address of Limited Li	ability Company and Name or Title	of Contact Person		
Contact Name Alicia Brummett		Contact Title Financial Analyst		
Street Address 5814 Reed Rd		Cily Fort Wayne	State IN	^{Zip} 46835
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
	declare and affirm that I have ex ments contained herein are true		g any accompany	ing schedules and
Name of Authorized Person			Date	
Anthony Bowser			11/30/2023	
Signature of Authorized Person	Grand			

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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