



State of Rhode Island
Department of State - Business Services Division

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2023 DEC -8 A 9: 52

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 001685001		2. Exact name of the Limited Liability Company Somerset Services, LLC	
3. NAICS Code 524298		4. Brief description of the character of business conducted in Rhode Island Placement of professional liability insurance for physicians and attorneys.	
5. State of Formation Indiana			
6. Principal Office Address 5814 Reed Rd		City Fort Wayne	State IN
Zip 46835			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Alicia Brummett		Contact Title Financial Analyst	
Street Address 5814 Reed Rd		City 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.			
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 Anthony Bowser		Date 11/30/2023	
Signature of Authorized Person 			

MAIL TO:
Division of Business Services
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FILED
DEC 08 2023
BY ML IRNRY
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