



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:  
Limited Liability Company

2024

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

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BUS SVCS DIVISION

2024 JAN 22 A 10:49

1. Entry ID Number <b>1751102</b>		2. Exact name of the Limited Liability Company <b>Shishi Casualty multi LLC</b>	
3. NAICS Code <b>524126</b>		4. Brief description of the character of business conducted in Rhode Island <b>Providing Automobile Insurance for Client in Rhode Island</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>292 Academy Ave</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02908</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>JEAN OCELIN CIVIL</b>		Contact Title <b>Producer</b>	
Street Address <b>218 Hampshire Street</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02907</b>	
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 <b>JEAN OCELIN CIVIL</b>			Date <b>01/22/2024</b>
Signature of Authorized Person <b>JEAN OCELIN CIVIL</b>			

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JAN 22 2024

BY TRBW46

MAIL TO:

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