



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

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BUS SVCS DIVISION

2024 JAN 22 A 10:49

1. Entry ID Number 1751102		2. Exact name of the Limited Liability Company Shishi Casualty Multi LLC	
3. NAICS Code S24126		4. Brief description of the character of business conducted in Rhode Island Providing Automobile Insurance for Client in Rhode Island	
5. State of Formation RI			
6. Principal Office Address 292 Academy Ave		City Providence	State RI
Zip 02908			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Jean Ocelin Civil		Contact Title Producer	
Street Address 218 Hamden Street		City Providence	State RI
Zip 02907			
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 JEAN Ocelin Civil		Date 01/22/2024	
Signature of Authorized Person <i>Jean Ocelin Civil</i>			

MS FILED 1049

JAN 22 2024

BY TRW46

MAIL TO:

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