



**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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2024 SEP -3 PM 4:26
STAMP

1. Entity ID Number 001665643		2. Exact name of the Limited Liability Company Superior Speech Solutions, LLC	
3. NAICS Code 621340		4. Brief description of the character of business conducted in Rhode Island Speech therapy and related services	
5. State of Formation RI			
6. Principal Office Address 92 Jordan Ave		City Cranston	State RI
		Zip 02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Ann K. Maccarone		Contact Title Member	
Street Address 92 Jordan Ave		City Cranston	State RI
		Zip 02920	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person Ann K Maccarone		Date 8-29-24	
Signature of Authorized Person 			

FILED

SEP 03 2024
BY 2EDUO
AA. 4.26pm.

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov