RI SOS Filing Number: 202459214100 Date: 9/3/2024 4:00:00 PM



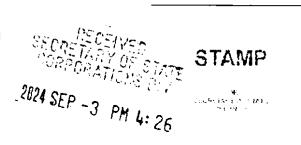
State of Rhode Island Department of State - Business Services Division

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.



1. Entity ID Number	2. Exact name of the Limited Liability Company				
001665643	Superior Speech S	Superior Speech Solutions, LLC			
3. NAICS Code 621340	<u> </u>	Brief description of the character of business conducted in Rhode Island Speech therapy and related services			
5. State of Formation		ciated 3ci vices			
RI					
6. Principal Office Address	<u></u>	City	State	Zip	
92 Jordan Ave		Cranston	RI	02920	
7. Mailing Address of Limite	ed Liability Company and Name or T	itle of Contact Person			
Contact Name Ann K. Maccarone		Contact Title Member			
Street Address 92 Jordan Ave		City	State	^{Zip} 02920	
8. The Resident Agent info	rmation currently of record with the F	RI Department of State is accu	ırate. Changes requir	e filing Form 642.	
	ry, I declare and affirm that I have tatements contained herein are tr		ding any accompany	ving schedules and	
Name of Authorized Person			Date		
Ann K Maccarone			8.29.24		
Signature of Authorized Pe	rson				

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

SEP 03 2024

FORM 632 - Revised: 12/2023