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State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2025 **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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1. Entity ID Number	2. Exact name of the Limited Liability Company					
1670062	Superior Wireless Services, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
237130	Cellular communication retrofits and upgrades					
5. State of Formation	1					
MA						
6. Principal Office Address	<u> </u>	City	State	Zip		
208 Main St	Sturbridge		MA	01566		
7. Mailing Address of Limited Lia	ability Company and Name or T	itle of Contact Person		_		
Contact Name Colleen Snyder		Contact Title Office Manager				
Street Address 208 Main St		City Sturbridge	State MA	^{Zip} 01566		
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 o statements, and that all states			ing any accompanyi	ng schedules and		
Name of Authorized Person			Date			
Susan Snyder		2/21/2025				
Signature of Authorized Person			•			
SusanSnyder						

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**