



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

1. ID No. 001665624

2. Exact Name of the Limited Liability Company Metlife Services and Solutions, LLC

3. State of Formation

State: DE

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

561439

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THIS ENTITY ACTS AS A HUB FOR SOME SERVICES PROVIDED BY OFFSHORE SERVICE ENTITIES. THE OFFSHORE SERVICE ENTITIES PROVIDE SERVICES TO THIS ENTITY AND, IT, THROUGH SERVICE AGREEMENTS WITH THE USERS OF THE SERVICES, BILLS EACH APPROPRIATE AFFILIATE FOR ITS CORRESPONDING ALLOCATION.

5. Principal Office Address

No. and Street: 200 PARK AVENUE

City or Town: NEW YORK

State: NY

Zip: 10166

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: METLIFE SERVICES AND SOLUTIONS, LLC Contact Title: TAX DEPT.  
No. and Street: 11330 OLIVE BLVD  
6-B106  
City or Town: ST LOUIS State: MO Zip: 63141-7275 Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 19 Day of April, 2024 at 5:23:28 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHELLE KLOTZBACH  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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