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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2013

Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

2016 AUG 19 A 10:53

1. Entity ID Number	2. Exact name of the Limited Liability Company
155696	**Karma Concessions** LLC
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**mobile food concessions**

5. Principal Office Address	City	State	Zip
655 saugaucket rd	**Wakefield**	**R.I.**	**02879**

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

Contact Name	Contact Title		
Karen Sebastian			
Street Address	City	State	Zip
655 Saugatucket Rd	**wakefield**	**R.I.**	**02879**

7. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.

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	Date
Karen Sebastian	**August 11, 2016**

Signature of Authorized Person: Karen Sebastian SIGN DOCUMENT HERE

10:53 AM

FILED

AUG 19 2016

By 281740 VM

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

140994-5-1134658

FORM 632 - Revised: 05/2016