



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 106713		2. Exact name of the Corporation S. KARAM, INC			
3. Principal Office Address 1049 SOUTH BROADWAY			City EAST PROVIDENCE	State RI	Zip 02914-4729
4. NAICS Code 445126		6. Brief description of the character of business conducted in Rhode Island CONVENIENCE STORE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SIMON KARAM			Vice-President Name NANCY KARAM		
Street Address 811 ROCK ST			Street Address 811 ROCK ST		
City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SIMON KARAM			Director Name NANCY KARAM		
Street Address 811 ROCK ST			Street Address 811 ROCK ST		
City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200	CNP	NO PAR VALUE	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <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 Representative SIMON KARAM					Date 01/25/2018
Signature of Authorized Representative FILED SIGN DOCUMENT JZ					

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

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