

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018 **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.

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1. Entity ID Number			Liability Company			
000141833	KARR.	KARP BETA, XE LLC 4. Brief description of the character of business conducted in Rhode Island				
3. NAICS Code,	4. Brief desc	ription of the ch	aracter of business conducted in	Rnode Island		
811490	Reso	Refail				
5. State of Formation						
Mass				State	Zip	
6. Principal Office Address	A 9		City		02837	
30 John Dusc	er Rd			Dilling Congress		
7. Mailing Address of Limits	ed Liability Compan	y and Name or	Title of Contact Person			
			Contact Time			
charles >00	Meades		City	State R.T.	Zip 02857	
Street Address	me		some	billty Company, IF APPLICABLE - DO NOT LIST MEMBERS		
8. List ALL managers (nam	nes and addresses	of the Limited	Liability Company, IF APPLICAB	FE - DO MOT FIST	MEMBERO	
			Manager Name			
Charles Sourmaidi			Street Address			
Street Address 30 John Duer Ad			State Zip			
City	State 1.	Zip O746	27 City	State	Z.ip	
bithe Count	104 013	1/18	Manager Name			
Manager Name	<u> </u>					
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
a. Resident Agent In Rhot	le Island. This inform	nation is currently	of record with the Department of Sta	ate. Changes require fi	ling Form 642.	
Under penalty of perjury statements, and that all	, I declare and aff statements conta	irm that I have ined herein an	examined this report, including true and correct.	ng any accompany	ing schedules and	
Name of Authorized Person				Date		
Charles Soi	ruaid). (6)		8-1	1-18	
Signature of Authorized P	erson	ر ز <i>ر</i>	フー		—— 	
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MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 632 - Revised: 10/2017