RI SOS Filing Number: 202192793810 Date: 2/24/2021 4:00:00 PM

FILED
FEB 24 2021
BY

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

Annual Report for the year: 2021
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	2. Exact name of the Corporation			
000014545	KAREN SUE, INC.			
3. Principal Office Address		City	State	Zip
54 PERRYWINKLE ROAD		WAKEFIELD	RI	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
114111	COMMERCIAL FISHING INDUSTRY			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: DONALD ROEBUCK			Vice-President Name: DAVID ROEBUCK		
Street Address: 54 PERRYWINKLE ROAD			Street Address: 115 POINT AVENUE		
City: WAKEFIELD	State: RI	Zip: 02879	City: WAKEFIELD	State: RI	Zip: 02879
Secretary Name: DONALD G. ROEBUCK			Treasurer Name: DAVID ROEBUCK		
Street Address: 54 PERRYWINKLE ROAD			Street Address: 115 POINT AVENUE		
City: WAKEFIELD	State: RI	Zip: 02879	City: WAKEFIELD	State: RI	Zip: 02879

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: DONALD G. ROEBUCK			Director Name: DAVID ROEBUCK		
Street Address: 54 PERRYWINKLE ROAD			Street Address: 115 POINT AVENUE		
City: WAKEFIELD	State: RI	Zip: 02879	City: WAKEFIELD	State: RI	Zip: 02879
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
400	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.

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 Representative	Date
DONALD G. ROEBUCK	02/17/2021

Signature of Authorized Representative: Donald Roebuck SIGN DOCUMENT HERE

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 630 - Revised: 10/2017