



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 31 2023

9032 *a*

1. Entity ID Number 000106713		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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name SIMON KARAM			Vice-President Name NANCY KARAM		
Street Address 811 ROCK STREET			Street Address 811 ROCK STREET		
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name SIMON KARAM			Director Name NANCY KARAM		
Street Address 811 ROCK STREET			Street Address 811 ROCK STREET		
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 200	CLASS/SERIES CNP	PAR VALUE 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. <b>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.</b>					
Name of Authorized Representative SIMON KARAM				Date 03/27/2023	
Signature of Authorized Representative <i>Simon Karam</i>					

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov