



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
STATE OF RHODE ISLAND  
BUSINESS SERVICES DIVISION

2023 JUN - 7 P 1:57

1. Entity ID Number 001715462		2. Exact name of the Corporation St Karas Inc			
3. Principal Office Address 2460 East MAIn Road			City Portsmouth		State RI
			Zip 02871		
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island Pizza Shop			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Besho Faresz			Vice-President Name		
Street Address 64 Westport LAke Drive			Street Address		
City Westportma		State MA	Zip 02790		
Secretary Name Mario Gamil			Treasurer Name Mario Gamil		
Street Address 18 Emerson Street 1N			Street Address 18 Emerson Street 1N		
City Fall River		State MA	Zip 02720	City FalLRiver	
				State MA	
				Zip 02720	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Mario Gamil			Director Name Milad Geres		
Street Address 18 Emerson St 1N			Street Address 18 Blossom Ave		
City FalL River		State MA	Zip 02720	City Somerset	
				State MA	
				Zip 02726	
Director Name Besho Fareez			Director Name		
Street Address 64 Westport Lakes Drive			Street Address		
City Westport		State MA	Zip 02790	City	
				State	
				Zip	
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	CLASS/SERIES	PAR VALUE
			1000	Common No Par	100
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 Mario Gamil					Date May 23, 2023
Signature of Authorized Representative <i>Mario Gamil</i>					

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

FILED  
JUN 07 2023  
BY *WASBE*  
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