



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Limited Liability Company

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

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BUS SVCS DIV

2024 JAN 11 A 10:29

1. Entity ID Number <u>720202</u>		2. Exact name of the Limited Liability Company <u>Kareval MULTISERVICE LLC</u>	
3. NAICS Code <u>541213</u>		4. Brief description of the character of business conducted in Rhode Island <u>PROFESSIONAL ELECTRONIC TAXES ALSO</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>289 POCASETT AVE</u>		City <u>PROV</u>	State <u>RI</u>
Zip <u>02909</u>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Eleticia Garcia</u>		Contact Title <u>Eleticia Garcia</u>	
Street Address <u>158 UNION AVE</u>		City <u>PROV</u>	State <u>RI</u>
Zip <u>02904</u>			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Person <u>Eleticia Garcia</u>			Date <u>1/11/24</u>
Signature of Authorized Person <u>[Handwritten Signature]</u>			

FILED

JAN 11 2024

BY ML 85B2A

MAIL TO:

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