



**State of Rhode Island**  
**Department of State - Business Services Division**

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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.

1. Entity ID Number <b>001726101</b>		2. Exact name of the Limited Liability Company <b>KARLA GISSELLE SERVICES LLC</b>	
3. NAICS Code <b>445110</b>		4. Brief description of the character of business conducted in Rhode Island <b>International Supermarket</b>	
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>22 CALLENDER AV</b>		City <b>NEWPORT</b>	State <b>RI</b>
Zip <b>02840</b>			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>KARLA MCCOIN</b>		Contact Title <b>MANAGER</b>	
Street Address <b>22 CALLENDER AV</b>		City <b>NEWPORT</b>	State <b>RI</b>
Zip <b>02840</b>			
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 <b>KARLA MCCOIN</b>			Date <b>03/28/2024</b>
Signature of Authorized Person 			

FILED 10:00

APR 01 2024

BY YT6ZV PS

**MAIL TO:**  
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