RI SOS Filing Number: 202449894170 Date: 4/1/2024 10:06:00 AM



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

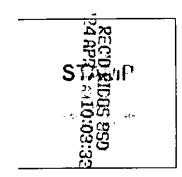
Annual Report for the year: **Limited Liability Company**

2024

→ 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 001726101	2. Exact name of the Limited Liability Company KARLA GISSELLE SERVICES LLC			
3. NAICS Code JUSIO 5. State of Formation	4. Brief description of the chara		Rhode Island	
6. Principal Office Address 22 CALLENDER AV		City_ NEWPORT	State RI	Zip 02840
7. Mailing Address of Limited I	iability Company and Name or Title	e of Contact Person	<u> </u>	
Contact Name KARLA MCCOIN		Contact Title MANAGER		
Street Address 22 CALLENDER AV		City NEWPORT	State RI	^{Zip} 02840
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			Date	
KARLA MCCOIN			03/28/2024	
Signature of Authorized Perso	n			

FILED 10:00

APR 0 1 2024

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov