

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

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Annual Report for the year: 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.

2023

1. Entity ID Number	2. Exact name of the Limited Liability Company			
001726101	KARLA GISSELLE SERVICES LLC			
3. NAICS Code 44516 5. State of Formation	4. Brief description of the character of business conducted in Rhode Island  WHERMATION A) SUPERMARKET			
6. Principal Office Address		City	State	Zip
22 CALLENDER AV		NEWPORT	RI	02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name KARLA MCCOIN		Contact Title  MANAGER		
Street Address 22 CALLENDER AV		City NEWPORT	State RI	<sup>Zip</sup> 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 Person				

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MAIL TO:

**Division of Business Services** 

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