



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation


→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSO  
24 MAY 1 PM 4:28:36

STAMP

1. Entity ID Number 000143084		2. Exact name of the Corporation SIMON KARAM REALTY HOLDING, INC.			
3. Principal Office Address 1049 SOUTH BROADWAY		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 531390		6. Brief description of the character of business conducted in Rhode Island OWN MORTGAGE AND REAL ESTATE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name SIMON KARAM			Vice-President Name NANCY KARAM		
Street Address 811 ROCK STREET			Street Address 811 ROCK STREET		
City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name SIMON KARAM			Director Name NANCY KARAM		
Street Address 811 ROCK STREET			Street Address 811 ROCK STREET		
City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.		NUMBER OF SHARES		CLASS/SERIES	
		1000		CNP	
				PAR VALUE	
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 SIMON KARAM			FILED		Date 04/29/2024
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

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