



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.

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24 MAY 1 PM 4:28:32

1. Entity ID Number 000106713	2. Exact name of the Corporation S. KARAM, INC.
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3. Principal Office Address 1049 SOUTH BROADWAY	City EAST PROVIDENCE	State RI	Zip 02914
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4. NAICS Code 445120	6. Brief description of the character of business conducted in Rhode Island CONVENIENCE STORE
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5. State of Incorporation RHODE ISLAND	
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name SIMON KARAM	Vice-President Name NANCY KARAM
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Street Address 811 ROCK STREET	Street Address 811 ROCK STREET
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City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720
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Secretary Name	Treasurer Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name SIMON KARAM	Director Name NANCY KARAM
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Street Address 811 ROCK STREET	Street Address 811 ROCK STREET
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City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720
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Director Name	Director Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment

This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES CLASS/SERIES PAR VALUE		
	200	CNP	NO 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.

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 Representative SIMON KARAM	Date 04/29/2024
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Signature of Authorized Representative
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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