



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.

FILED

MAY 01 2024

BY 0318 DS

1. Entity ID Number 001739794		2. Exact name of the Corporation Karuna Corp.			
3. Principal Office Address 880 CENTRAL AVENUE			City Pawtucket	State RI	Zip 02861
4. NAICS Code 445310		6. Brief description of the character of business conducted in Rhode Island OPERATION OF A LIQUOR STORE			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Neel Patel			Vice-President Name		
Street Address 210 Cedar St			Street Address		
City Holliston	State MA	Zip 01746	City	State	Zip
Secretary Name Neel Patel			Treasurer Name Neel Patel		
Street Address 210 Cedar St			Street Address 210 Cedar St		
City Holliston	State MA	Zip 01746	City Holliston	State MA	Zip 01746
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBR OF SHARES		
			CLASS/SERIES		PAR VALUE
			1000	CNP	NO PAR
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 Neel Patel				Date 4-2-24	
Signature of Authorized Representative <i>Neel Patel</i>					