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State of Rhode Island

Department of State - Business Services Division

2025 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.

FILED

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RI DOS MADE N	ION-SUBSTANTIVE EDITS			
Entity ID Number	2. Exact name of the Limited Liability Company			
000141833	Káppa Beta Xe LLC			
3. NAICS Code S. State of Formation Ma	4. Brief description of the character of business conducted in Rhode Island Comercial Rental .			
6. Principal Office Address		City	State	Zip
30 John dyer Rd		Little compton	R.I.	02837
7. Mailing Address of Limite	d Liability Company and Name or	Title of Contact Person		
Contact Name Charles sourmaidis		Contact Title Manager		
Street Address P.O. Box 351		Adamsville	State R.I.	^{Zip} 02801
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accur	ate. Changes requir	B filing Form 642.
9. Under penalty of perjur	y, I declare and affirm that I hav atements contained herein are	e examined this report, includi		
Name of Authorized Person			Date	
same			1-15-25	
Signature of Authorized Pen	SON			

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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