

Annual Report for the year: 2025

FILED

**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.

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	NON-SUBSTANTIVE EDITS				
1. Entity ID Number	2. Exact name of the Limited Liability Company  Káppa Beta Xe LLC				
000141833					
3. NAICS Code S 1990 5. State of Formation Ma	Brief description of the character of business conducted in Rhode Island     Comercial Rental				
6. Principal Office Address	<u> </u>	City	State	Zip	
30 John dyer Rd		Little compton	R.I.	02837	
7. Mailing Address of Limite	ed 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.	<sup>Zip</sup> 02801	
8. The Resident Agent infor	mation currently of record with the	RI Department of State is accura	ate. Changes require	filing Form 642.	
9. Under penalty of perjur	y, I declare and affirm that I hav tatements contained herein are	e examined this report, includi			
Name of Authorized Person			Date		
same			1-15-25		
Signature of Authorized Per	60n				

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

Phone: (401) 222-3040 Website: www.sos.ri.gov