RI SOS Filing Number: 202570380500 Date: 4/11/2025 4:00:00 PM



## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2025

Corporation

Filing period: February 1 - May 1

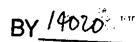
→ Filing Fee: \$50.00

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

FILED

APR 11 2025





	2. Exact name of the Corporation  KAREN SUE, INC.							
Principal Office Address     PERRYWINKLE ROAD			City WAKE	FIELD	State RI		Zip 02879	
4. NAICS Code 114111	6. Brief description of the character of business conducted in Rhode Island COMMERCIAL FISHING INDUSTRY							
5. State of Incorporation RHODE ISLAND								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name DONALD ROEBUCK				Vice-President Name DAVID ROEBUCK				
Street Address 54 PERRYWINKLE ROAD			Street Address 115 POINT AVENUE					
<sup>City</sup> WAKEFIELD	State RI	<sup>Zip</sup> 02879	City WA	KEFIELD		RI	<sup>Z<sub>1</sub>p</sup> 0287	
Secretary Name DONALD ROEBUCK				Treasurer Name DAVID ROEBUCK				
Street Address 54 PERRYWINKLE ROAD			Street Address 115 POINT AVENUE					
<sup>City</sup> WAKEFIELD	State RI	<sup>Zip</sup> 028	City WAKEFIELD		State	RI	<sup>Zip</sup> 028	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment								
Director Name DONALD ROEBUCK			Director Name DAVID ROEBUCK					
Street Address 54 PERRYWINKLE ROAD			Street Address 115 POINT AVENUE					
City WAKEFIELD	State RI	<sup>Zıp</sup> 028	City WAKEFIELD		State	RI	Zip 02879	
Director Name				Director Name				
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized 10. Shares Issue				Check	the box to ind	icate an att	achment 🔲	
This information is currently of record in the NUMBER OF S				CLASS/		,	PAR VALUE	
Department of State.  Changes require an additional filing.		400		CNP		NO		
<b>-</b>								
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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 Date , ,								
DONALD ROEBUCK					Date	3/19/2025		
Signature of Authorized Representative Wanald Selection								

MAIL TO:

Division of Business Services

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

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