



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

STAMP  
APR 11 2025

BY 14020

1. Entity ID Number 000014545		2. Exact name of the Corporation KAREN SUE, INC.	
3. Principal Office Address 54 PERRYWINKLE ROAD		City WAKEFIELD	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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name DONALD ROEBUCK		Vice-President Name DAVID ROEBUCK	
Street Address 54 PERRYWINKLE ROAD		Street Address 115 POINT AVENUE	
City WAKEFIELD	State RI	City WAKEFIELD	State RI
Zip 02879		Zip 0287	
Secretary Name DONALD ROEBUCK		Treasurer Name DAVID ROEBUCK	
Street Address 54 PERRYWINKLE ROAD		Street Address 115 POINT AVENUE	
City WAKEFIELD	State RI	City WAKEFIELD	State RI
Zip 028		Zip 028	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name DONALD ROEBUCK		Director Name DAVID ROEBUCK	
Street Address 54 PERRYWINKLE ROAD		Street Address 115 POINT AVENUE	
City WAKEFIELD	State RI	City WAKEFIELD	State RI
Zip 028		Zip 02879	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		400	CNP
		PAR VALUE	NO
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. <b>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.</b>			
Name of Authorized Representative DONALD ROEBUCK			Date 3/19/2025
Signature of Authorized Representative 			

MAIL TO:  
Division of Business Services  
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