

## State of Rhode Island

## Department of State - Business Services Division

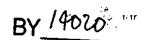
Annual Report for the year: 2025

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** 





1. Entity ID Number 000014545	2. Exact name of the Corporation  KAREN SUE, INC.							
3. Principal Office Address City State Zip								
54 PERRYWINKLE ROAD			WAKE	FIELD	RI		02879	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						•	
114111	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					
City WAKEFIELD	State RI	<sup>Zip</sup> 02879	City WAKEFIELD		State	RI	<sup>Z<sub>ip</sub></sup> 0287	
Secretary Name DONALD ROEBUCK			Treasurer Name DAVID ROEBUCK					
Street Address 54 PERRYWINKLE ROAD			Street Address 115 POINT AVENUE					
City WAKEFIELD	State RI	<sup>Zip</sup> 028	City WAKEFIELD		State F	<del></del>	<sup>Zip</sup> 028	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment								
DONALD ROEBUCK			Director Name DAVID ROEBUCK					
Street Address 54 PERRYWINKLE ROAD			Street Address 115 POINT AVENUE					
City WAKEFIELD	State RI	<sup>Z<sub>I</sub>p</sup> 028	City WAKEFIELD		State	RI	<sup>Zip</sup> 02879	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9. Shares Authorized	hares Authorized 10. Shares Issued					icate an at	tachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERII				
		400		CNP		NO		
Changes require an additional filing.							-	
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  DONALD ROEBUCK					Date	3/19/2025		
Signature of Authorized Representative								
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MAIL TO:

**Division of Business Services** 

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

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