State of Rhode Island
Department of State - Business Services Division

FILED
STAMP
APR 11 2025
BY 14020

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.

1. Entity ID Number	2. Exact name of the Corporation			
000014545	KAREN SUE, INC.			
3. Principal Office Address		City	State	Zip
54 PERRYWINKLE ROAD		WAKEFIELD	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	Zip: 02879	City: WAKEFIELD	State: RI	Zip: 0287
Secretary Name: DONALD ROEBUCK			Treasurer Name: DAVID ROEBUCK		
Street Address: 54 PERRYWINKLE ROAD			Street Address: 115 POINT AVENUE		
City: WAKEFIELD	State: RI	Zip: 028	City: WAKEFIELD	State: RI	Zip: 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	Zip: 028	City: WAKEFIELD	State: RI	Zip: 02879
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
400	CNP	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.

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	3/19/2025

Signature of Authorized Representative: Donald Roebuck

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023