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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2025

-> 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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Entity ID Number	2. Exact name of the Limited Liability Company				
1738952	Karine's Reidals LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
5.32289	Party and event tentals				
5. State of Formation	chairsilables, etc. J				
RI	chairsilab	iles, ek u			
6. Principal Office Address		City	State	Zip	
465 Unic	n AUC	Providence	RI	02909	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name, Havia K 1	Ante lo	Contact Title			
Street Address () N (2	a Aue	Plou deuce	State 7	zip 0-2909	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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 Person	/		Date		
Maria K A	Intelo		5-13	3-25	
Signature of Authorized Person					

LILED

MAY 1 3 2025

BY MOTZ

MAIL TO:

Division of Business Services

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

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