

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025**Limited Liability Company**

-> 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					
532289	Party and event rentals					
5. State of Formation	1 / /					
RI	chairsilables, etc. J					
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	Ante lo	Contact Title O W N C				
Street Address () N 13	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 Kt	Intelo		5-13	3-25		
Signature of Authorized Person						

MAIL TO:

Division of Business Services

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

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