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.

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BUS SVCS DIV
2025 JUL -2 A 10:46

1. Entity ID Number	2 Exact name of the Corporation			
148401	Karry's Warwick Photo, Ltd			
3 Principal Office Address		City	State	Zip
1944 Warwick Avenue		Warwick	RI	02889
4. NAICS Code	6 Brief description of the character of business conducted in Rhode Island			
812921	Photo Finishing/Video Transfer			
5 State of Incorporation				
RI				

7 List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Kerry A. Sheridan			Vice-President Name Kerry A. Sheridan		
Street Address 32 Remy Circle			Street Address 32 Remy Circle		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Kerry A. Sheridan			Treasurer Name		
Street Address 32 Remy Circle			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name Kerry A. Sheridan			Director Name		
Street Address 32 Remy Circle			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
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
1000	CNP	$0.00

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: Kerry A. Sheridan — Date: 6/28/25

Signature of Authorized Representative: Kerry A. Sheridan

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

FILED
JUL 02 2025
BY

FORM 630- Revised 12/2023