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State of Rhode Island	7 <u>.</u>
Department of State - Business Services Division	
2.	7 FA
Annual Report for the year: 402%	128
Limited Liability Company	8SD (:22:
→ 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 Limited Lial	bility Company			
001744937	KARYMAKeux	116			
3. NAICS Code	4. Brief description of the charact		de Island		
5. State of Formation	make up	41113119			
6. Principal Office Address		City	State	Zip	
127 Hamilton	st	Providence	RI	02907	
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person			
Contact Name					
Karina colon	De camilo	owner			
Street Address		City	State	Zip	
127 Hamilton	st	Providence	MI	02907	
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		
Karina colo	n De Camilo		7-7-6	2025	
Signature of Authorized Person					
Samo 3					

FILED

BY 015CZM 1223 Kg

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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