State of Rhode Island Department of State - Business Services Division	REC'D R 25 JUL 7	
Annual Report for the year: Limited Liability Company	2100\$ 8\$E 7 F#12:22:	
 → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 	2:44 	

			<u> </u>	
1. Entity ID Number	2. Exact name of the Limited Lia	bility Company		
001744937	KARYMAKeur	PLLC		
3. NAICS Code	4. Brief description of the charac	ter of business conducted in Rho	de Island	
1812112				
5. State of Formation	make up	UITISMY		
RI		,		·
6. Principal Office Address		City	State	Zip
127 Hamilton	st	Providence	IRI	02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Karina colon	De camilo	owner		
Street Address		City	State	Zip
127 Hamilton	st	Providence	PI	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		<u> </u>	Date	
Karina colo	n De camilo		7-7-8	2025
Signature of Authorized Person				
Barrago)				

FILED

JUL 07 2025 BY 05CZM 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