

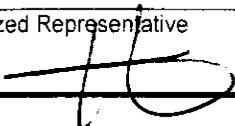


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 92131		2. Exact name of the Corporation HKK Auto Services, Inc.			
3. Principal Office Address 767 Social Street			City Woonsocket	State RI	Zip 02895
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Automobile Repair and Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Hatem K. Kalaoun			Vice-President Name Hatem K. Kalaoun		
Street Address 35 Main Street			Street Address 35 Main Street		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
Secretary Name Hatem K. Kalaoun			Treasurer Name Hatem K. Kalaoun		
Street Address 35 Main Street			Street Address 35 Main Street		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Hatem K. Kalaoun			Director Name		
Street Address 35 Main Street			Street Address		
City Manville	State RI	Zip 02838	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			1000	Common	.01 cents
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. <i>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.</i>					
Name of Authorized Representative Hatem K. Kalaoun				Date 2/20/2017	
Signature of Authorized Representative 					

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
 MAR 06 2017
 BY Baker DS