RI SOS Filing Number: 201988293240 Date: 3/7/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty Additional \$25					·		
Entity ID Number		Exact name of the Corporation					
103011	Kia Motors America, Inc.						
3. Principal Office Address			City		State	Zip	
111 Peters Canyon Road			Irvine		CA	92606	
4. NAICS Code しんつり	6. Brief descri	ption of the charac	ter of business of	conducted in Rhode I	sland	•	
42- Wholesale Trade	Wholesale [distributor of Vehi	icles				
5. State of Incorporation							
CA							
7. List ALL officers (names an	d addresses)			Check	the box to indi	cate an attachment	
President Name Seungkyu Yo	Vice-President Name						
Street Address 111 Peters Car	Street Addres	Street Address					
^{City} Irvine	State CA	^{Zıp} 92606	City		State	Zip	
Secretary Name Suk Won Hahn			Treasurer Nar	Treasurer Name Seung Jun Kim			
Street Address 111 Peters Car	Street Address 111 Peters Canyon Road						
City Irvine	State CA	^{Zip} 92606	City [rvine		State CA	Zip 92606	
8. List ALL directors (names a	and addresses)	1		Check	the box to indi	cate an attachment	
Director Name Seungkyu Yoo	ın		Director Name				
Street Address 111 Peters Canyon Road			Street Addres	Street Address			
City Irvine	State CA	Zip 92606	City		State	Zıp	
Director Name Han Woo Park			Director Name				
Street Address 111 Peters Car	Street Addres	Street Address					
					1		
City Irvine	State CA	^{Zıp} 92606	City		State	Zip	
<u> </u>			0. Shares Issued Check the box to indicate an attachment □				
This information is currently of record in the		NUVBER OF SHARES			CLASS/SERIES PAR VALUE.		
Department of State.		3,070,000		Common		0	
Changes require an additional	filing.						
11. This report must be every	ted on hehalf of the	corporation by an	authorized repre	sentative. If the com-	oration is in the	hands of a receiver or	
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.							
Statements, and that all state Name of Authorized Represer		nerein arc true an	id correct.	1 1660	Date		
Seung Jun Kim		MAR 07 2019 02/18/2019					
Signature of Authorized Representative							
		717	UMENT HERE	W JJY	*		
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MAIL TO:

Division of Business Services

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

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