



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 \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2019 JUN -7 AM 10:48

STAMP

1. Entity ID Number 789291		2. Exact name of the Corporation kayros auto tech INC			
3. Principal Office Address 529 dyer ave			City cranston	State ri	Zip 02920
4. NAICS Code 811211		6. Brief description of the character of business conducted in Rhode Island auto tech and repair			
5. State of Incorporation ri					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name GILMA ROMERO VANEGAS			Vice-President Name JOSUE I GARCIA		
Street Address 534 DYER AVE			Street Address 529 dyer ave		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1	STK	\$0.0100
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 JOSUE I GARCIA					Date 06/06/2019
Signature of Authorized Representative 			SIGNATURE NUMBER: JOSUE I GARCIA		

FILED

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

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