



Department of State - Business Services Division

Annual Report for the year: **2020**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00


→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED **STAMP**

JAN 30 2020

BY

S30905

1. Entity ID Number 92131		2. Exact name of the Corporation H K K Auto Services, Inc.			
3. Principal Office Address 767 Social Street			City Woonsocket	State RI	Zip 02895
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island Automobile Repair & 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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE .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. 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 Hatem K. Kalaoun				Date 1/23/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	