| RI SOS Filing  | Date: 2/14/2023 4:00:00 PM   |   |  |  |              |  |  |
|--|--|---|--|--|--------------|--|--|
| State of Rhode Island Department of Sta  |  |   |  |  |              | <del></del>                                  |  |
| Annual Report for the year: 2023  Corporation  → Filing period: February 1 - May 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by May 31.       |  |   | <del>.</del>   |  | EED 1 & 2000 |  |  |
|  |  |   | FEB 1 4 2023 2<br>2306                                 |  |              |  |  |
| 1. Entity ID Number 1680086  | 2. Exact name of the Corporation  K&A Automotive, Inc.   |   |  |  |              |  |  |
| Principal Office Address     Nooseneck Hill Road   |  |   | City<br>Coventry                                       |  | State<br>RI  | <sup>Zip</sup> 02816                         |  |
| 4. NAICS Code 447110 5. State of Incorporation Rhode Island  | 6. Brief description of the character of business conducted in Rhode Island Operation of a gasoline and automotive repair station. |   |  |  |              |  |  |
| 7. List ALL officers (names and added President Name Gaby N. Bouk  | Check the box to indicate an attachment ☐  Vice-President Name   |   |  |  |              |  |  |
| Street Address 2070 Nooseneck Hill Road  |  |   | Street Address   |  |              |  |  |
| <sup>City</sup> Coventry   | State RI   | <sup>Z<sub>ip</sub></sup> 02816         | City   | City   |              | Žip  |  |
| Secretary Name Gaby N. Boukarim  |  |   | Treasurer Name Gaby N. Boukarim                        |  |              |  |  |
| Street Address 2070 Nooseneck Hill Road  |  |   | Street Address 2070 Nooseneck Hill Road                |  |              |  |  |
| <sup>City</sup> Coventry   | State RI   | <sup>Zip</sup> 02816                    | City Coventry  |  | State RI     | <sup>Zip</sup> 02816                         |  |
| 8. List ALL directors (names and addresses)  Director Name  Gaby N. Boukarim   |  |   | Check the box to indicate an attachment  Director Name |  |              |  |  |
| Street Address 2070 Nooseneck Hill Road  |  |   | Street Address   |  |              |  |  |
| City Coventry Director Name  | State RI   | State RI Zip 02816                      |  | Director Name                                  |              | State Z <sub>I</sub> p                       |  |
| 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 NUMBER OF SHARES 1000 |  | Check the box to indicate CLASS/SERIES  Common |              | e an attachment Description of the Par value |  |
| 11. This report must be executed of trustee, this report must be execute Under penalty of perjury, I declar statements, and that all statements. Name of Authorized Representative | ed on behalf of the<br>re and affirm tha<br>nts contained h  | e corporation by that I have examined   | ne receiver or tru<br>d this report, in                | istee.   |              |  |  |

MAIL TO:

Division of Business Services

Gaby N. Boukarim

Signature of Authorized Representative

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 219/2023