



State of Rhode Island

Department of State - Business Services Division

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.

FEB 14 2023

2306

1. Entity ID Number 1680086		2. Exact name of the Corporation K&A Automotive, Inc.	
3. Principal Office Address 2070 Nooseneck Hill Road		City Coventry	State RI
		Zip 02816	
4. NAICS Code 447110	6. Brief description of the character of business conducted in Rhode Island Operation of a gasoline and automotive repair station.		
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 Gaby N. Boukarim		Vice-President Name	
Street Address 2070 Nooseneck Hill Road		Street Address	
City Coventry	State RI	Zip 02816	
Secretary Name Gaby N. Boukarim		Treasurer Name Gaby N. Boukarim	
Street Address 2070 Nooseneck Hill Road		Street Address 2070 Nooseneck Hill Road	
City Coventry	State RI	Zip 02816	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Gaby N. Boukarim		Director Name	
Street Address 2070 Nooseneck Hill Road		Street Address	
City Coventry	State RI	Zip 02816	
Director Name		Director Name	
Street Address		Street Address	
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 0.01	
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 Gaby N. Boukarim			Date 2/9/2023
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

FORM 630 - Revised: 11/2021