



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 31 2025
BY 2405

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
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 ☐					
President Name Gaby N. Boukarim			Vice-President Name Katia Ghoche		
Street Address 2070 Nooseneck Hill Road			Street Address 2070 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	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	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Gaby N. Boukarim			Director Name Katia Ghoche		
Street Address 2070 Nooseneck Hill Road			Street Address 2070 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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 ☐		
			NUMBER OF SHARES 1000	CLASS/SERIES Common	PAR VALUE .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 2/27/25
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