



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.

1. Entity ID Number 001751434		2. Exact name of the Corporation KamBrie Auto Group, Inc.			
3. Principal Office Address 24 Steeple Lane			City Lincoln	State RI	Zip 02865
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island Auto sales.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment: <input type="checkbox"/>
President Name Tejal Santoro			Vice-President Name Kamraan Sadiq		
Street Address 24 Steeple Lane			Street Address 24 Steeple Lane		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Tejal Santoro			Treasurer Name Tejal Santoro		
Street Address 24 Steeple Lane			Street Address 24 Steeple Lane		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses)					Check the box to indicate an attachment: <input type="checkbox"/>
Director Name Tejal Santoro			Director Name		
Street Address 24 Steeple Lane			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment: <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 5000	CLASS/SERIES common	PAR VALUE no par value	
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 Tejal Santoro					Date ✓ 4/6/25
Signature of Authorized Representative 					

JUN 26 2025
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