

State of Rhode Island

Department of State - Business Services Division

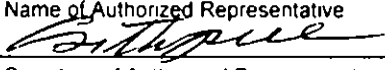
Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee \$50.00

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

REC'D RIDGS 340
25 JUL 29 AM 11:12:37

1. Entity ID Number 001731603		2. Exact name of the Corporation K H AUTO SHIPPING INC			
3. Principal Office Address 236 ALTHEA STREET		City PROVIDENCE		State RI	Zip 02909
4. NAICS Code 423100		6. Brief description of the character of business conducted in Rhode Island AUTOMOBILE PARTS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name SITHA PELL			Vice-President Name		
Street Address 236 ALTHEA STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name SITHA PELL			Treasurer Name SITHA PELL		
Street Address 236 ALTHEA STREET			Street Address 236 ALTHEA STREET		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name SITHA PELL			Director Name		
Street Address 236 ALTHEA STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES 100		CLASS/STRLS CNP	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 			FILED		Date 7/25/25
Signature of Authorized Representative SITHA PELL			JUL 29 2025		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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