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.

RECD RIDOS 250 '25 JUL 29 AM11:12:37

1. Entity ID Number	2. Exact name of the Corporation			
001731603	K H AUTO SHIPPING INC			
3. Principal Office Address		City	State	Zip
236 ALTHEA STREET		PROVIDENCE	RI	02909
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423100				
5. State of Incorporation				
RI	AUTOMOBILE PARTS			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
SITHA PELL					
Street Address			Street Address		
236 ALTHEA STREET					
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02909			
Secretary Name			Treasurer Name		
SITHA PELL			SITHA PELL		
Street Address			Street Address		
236 ALTHEA STREET			236 ALTHEA STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02909	PROVIDENCE	RI	02909

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
SITHA PELL					
Street Address			Street Address		
236 ALTHEA STREET					
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02909			
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	CLASS/SERIES	PAR VALUE
100	CNP	

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: [signature] — Date: 7/25/25

Signature of Authorized Representative: SITHA PELL

FILED
JUL 29 2025
BY KCFRT
1114

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov