RI SOS Filing Number: 200942308170 Date: 02/17/2009 4:00 PM

State of Rhode Island
and Providence Plantations
*Office of the Secretary of State*

**A. Ralph Mollis**, *Secretary of Sta*
*Corporations Divisio*
*148 W. River Stree*
*Providence, RI 02904-261*
*401.222.304*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

**Filing Period:** January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)(d)) is subject to a penalty fee of $25.00.*

| 1. Corporate ID No. | 2. Name of Corporation |
|---|---|
| 000102085 | KLM CONSULTING, INC. |

| 3. Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| 5 FORTE TRAIL | SMITHFIELD | RI | 02917 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| | RI |

6. Brief Description of the Character of Business Conducted in Rhode Island
ENGINEERING PLACEMENT

**7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| KAREN LESLIE FORTE | 5 FORTE TRAIL | SMITHFIELD | RI | 02917 |

| Vice President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| WILLIAM FORTE | 5 FORTE TRAIL | SMITHFIELD | RI | 02917 |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| KAREN LESLIE FORTE | 5 FORTE TRAIL | SMITHFIELD | RI | 02917 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| WILLIAM FORTE | 5 FORTE TRAIL | SMITHFIELD | RI | 02917 |

**8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| | | | | |

**9. SHARES AUTHORIZED**

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

**10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | | |
| | | |

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.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

*Signature* *Date* 2/17/09

WILLIAM FORTE
*Print or Type Name*

VICE PRESIDENT
*Title*

*File Date* 2/17/2009

*Check No.* 25914 081125

*By:* [redacted]

31213-1-827058
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 08/08