



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 139373		2. Exact name of the Corporation KMM Consulting, Inc.		
3. Principal office address 36 Aspen Court		City North Kingstown	State RI	Zip 02852
4. Business Phone No.		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Financial planner, broker				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name Kevin McGrady		Vice-President Name Kevin McGrady		
Street Address 36 Aspen Court		Street Address 36 Aspen Court		
City North Kingstown	State RI	Zip 02852	City North Kingstown	Zip 02852
Secretary Name Kevin McGrady		Treasurer Name Kevin McGrady		
Street Address 36 Aspen Court		Street Address 36 Aspen Court		
City North Kingstown	State RI	Zip 02852	City North Kingstown	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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.				
50		Common	No Par Value	

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.

File Date _____
 Check No _____
 By: _____

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.

FILED

Signature of Authorized Representative

[Signature]
 Date **1/26/16**

Kevin McGrady, President

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

Form No. 630
 Revised: 01/2012

FEB 12 2016
 RV **KL 8977**