



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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(e), 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. 663168		2. Name of Corporation KDM, INC			
3. Street Address Principal Business Office 27 Mill Street		City Johnston	State RI	Zip 02919	
4. Business Phone No. (401) 9421300		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island jewelry job shop					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth F. LoPresti		Vice President Name Kenneth F. LoPresti			
Street Address 27 Mill Street		Street Address same			
City Johnston	State RI	Zip 02919	City same	State same	Zip same
Secretary Name Kenneth F. LoPresti		Treasurer Name Kenneth F. LoPresti			
Street Address same		Street Address same			
City same	State same	Zip same	City same	State same	Zip same
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kenneth F. LoPresti		Director Name			
Street Address same		Street Address			
City same	State same	Zip same	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
		Number of Shares 100	Class/Series common	Par Value none	

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.

FILED

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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.

Kenneth F. LoPresti, **3-1-16**
Signature Date
Kenneth F. LoPresti - Pres.

Print or Type Name
President

Title

File Date
Check No.
B/S
FOR SECRETARY OF STATE USE ONLY