	State of Rhode Island and Pro Office of the Secreta		NS Fee: \$50
	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet)4-2615	
HOPE	· · ·	+0	
imited Liability Com Innual Report	npany		
iling Period: September 1	- November 1		
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2016</u>		
1. ID No. <u>00095456</u>	3		
2. Exact Name of the Li	mited Liability Company KLL Con	nsulting, LLC	
3. State of Formation			
State: <u>RI</u>			
State: <u>RI</u>	ARTICLE III		
State: <u>RI</u>	ARTICLE III		
	ARTICLE III S codes, please select the code that b	est describes your busir	ness.
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>UNITED STATES CORPORATION AGENTS, INC.</u> <u>222 JEFFERSON BOULEVARD, SUITE 200</u> <u>WARWICK</u>, <u>RI</u> <u>02888</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 14 Day of September, 2016 at 3:30:43 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KAREN LAROSE</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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