s	tate of Rhode Island and Pro Office of the Secreta		IS Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet 04-2615	
Limited Liability Company Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2016			
1. ID No. <u>000135102</u>			
2. Exact Name of the Limited Liability Company <u>KKM, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code		6	<u>54</u>
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
TO REPRESENT MANUFACTURING TO WHOLESALERS AND RETAILERS			
5. Principal Office Address			
	<u>CENTURY DRIVE</u> ONSOCKET State:	<u>RI</u> Zip: <u>02895</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: JOHN MALMBORG Contact Title: CEO No. and Street: 117 CENTURY DRIVE City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	ess
MANACED	First, Middle, Last, Suffix	Address, City or Town, St	tate, Zip Code, Country
MANAGER	JOHN MALMBORG	117 CENTURY DRIVE WOONSOCKET, RI 02895 USA	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

STEVEN I. ROSENBAUM, ESQ. POORE & ROSENBAUM LLP <u>30 EXCHANGE TERRACE</u> PROVIDENCE, <u>RI</u> 02903

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

Signed this 21 Day of September, 2016 at 10:42:22 AM 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 JOHN MALMBORG

Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved