STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
135102	KKM, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	TO REPRESENT MANUFACTURING TO WHOLESALERS AND RETAILERS

5. Principal office address	City	State	Zip
6 BLACKSTONE VALLEY PLACE, SUITE 201	LINCOLN	RI	02865-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME AND TITLE OF CONTACT PERSON

Contact Name	Contact Title
JOHN MALMORG	

Street Address	City	State	Zip
6 BLACKSTONE VALLEY PLACE, SUITE 201	LINCOLN	RI	02865

7. NAME AND ADDRESS OF EACH MANAGER OR, IF THERE ARE NO MANAGERS, EACH MEMBER. ATTACH ADDITIONAL SHEET IF NECESSARY.
DO NOT LEAVE THIS SECTION BLANK. IF NO MANAGERS, REQUIRES FILING OF AMENDMENT. SEE 7-16-40(2) AND 42.

Manager Name	Street Address	City	State	Zip
JOHN MALMORG	6 BLACKSTONE VALLEY PLACE, SUITE 201	LINCOLN	RI	02865

Manager Name	Street Address	City	State	Zip

Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 642 - LLC 24(1)

Agent Name	Address	City	Zip
STEVEN I. ROSENBAUM, ESQ.	30 EXCHANGE TERRACE	PROVIDENCE	02903-

Address
POORE & ROSENBAUM

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 1 3 5 1 0 2 [redacted]

135102 DLLC 08/30/05 10:52:30 AM
File Date 9/16/05
Check No. 13637 / 77244
By: EMH
FOR SECRETARY OF STATE USE ONLY

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.

John Malmborg 9/4/05
Signature of Authorized Person *Date*

[redacted] JOHN MALMORG
Print or Type Name of Authorized Person

Form 632 Rev. 6/02

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liabilty company
135102	KKM, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	To represent manufacturers to wholesalers and retailers.

5. Principal office address	City	State	Zip
6 BLACKSTONE VALLEY PLACE, SUITE 201	LINCOLN	RI	02865-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
John Malmborg	

Street Address	City	State	Zip
6 BLACKSTONE VALLEY PLACE, SUITE 201	Lincoln	RI	02865

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE
FILL IN SPACES BEFORE USING ATTACHMENTS *("X" BOX FOR ATTACHMENT)* ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) & 7-16-52

Manager Name	Street Address	City	State	Zip
John Malmborg	6 BLACKSTONE VALLEY PLACE, SUITE 201	Lincoln	RI	02865

Manager Name	Street Address	City	State	Zip

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

Agent Name	Address	City	Zip
STEVEN I. ROSENBAUM, ESQ.	30 EXCHANGE TERRACE		
POORE & ROSENBAUM		PROVIDENCE	02903-

*This report must be **signed in ink** by an authorized person pursuant to 7-16-66.*

[redacted] 1 3 5 1 0 2

135102 DLLC 09/01/04 09:37:17 AM
File Date 9/16/04
Check No. 12818
By: DA
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John Malmborg 9/5/04
Signature of Authorized Person *Date*

[redacted] John Malmborg
Print or Type Name of Authorized Person

Form 632 Rev. 6/02