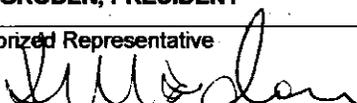




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 559951		2. Exact name of the Corporation KMG ENTERPRISES, INC.			
3. Principal Office Address 4 SHORE DRIVE			City WARREN	State RI	Zip 02885
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island TRAVEL SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KIRSI-MAIJA K. GRODEN			Vice-President Name		
Street Address 4 SHORE DRIVE			Street Address		
City WARREN	State RI	Zip 02885	City	State	Zip
Secretary Name KIRSI-MAIJA K. GRODEN			Treasurer Name KIRSI-MAIJA K. GRODEN		
Street Address 4 SHORE DRIVE			Street Address 4 SHORE DRIVE		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	\$.01
11. 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. <i>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.</i>					
Name of Authorized Representative KIRSI-MAIJA K. GRODEN, PRESIDENT				Date 2/4 , 2017	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

FEB 10 2017

FORM 630 - Revised: 10/2016

BY 0148
