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	2. Exact name of the Corporation		
794259	KM COUNSELING AND CONSULTANT SERVICES, INC.		
3. Principal Office Address: 840 SMITHFIELD AVENUE, SUITE 302	City: LINCOLN	State: RI	Zip: 02865
4. NAICS Code: 62 - Health Care and Social Ass	6. Brief description of the character of business conducted in Rhode Island: COUNSELING AND CONSULTING SERVICES		
5. State of Incorporation: RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: KIM M. MEDEIROS CANNATA			Vice-President Name: PETER CANNATA		
Street Address: 44 BRYANT STREET			Street Address: 44 BRYANT STREET		
City: CUMBERLAND	State: RI	Zip: 02864	City: CUMBERLAND	State: RI	Zip: 02864
Secretary Name: KIM M. MEDEIROS CANNATA			Treasurer Name: KIM M. MEDEIROS CANNATA		
Street Address: 44 BRYANT STREET			Street Address: 44 BRYANT STREET		
City: CUMBERLAND	State: RI	Zip: 02864	City: CUMBERLAND	State: RI	Zip: 02864

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: KIM M. MEDEIROS CANNATA			Director Name		
Street Address: 44 BRYANT STREET			Street Address		
City: CUMBERLAND	State: RI	Zip: 02864	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON	NO PAR

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.

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.

Name of Authorized Representative: KIM M. MEDEIROS CANNATA

Date: 1/14/17

Signature of Authorized Representative: Kim M. Medeiros-Cannata

FILED

FEB 24 2017

BY 2135

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

FORM 630 - Revised: 10/2016