


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 139373		2. Exact name of the Corporation KMM Consulting, Inc.			
3. Principal office address 36 Aspen Court			City North Kingstown	State RI	Zip 02852
4. Business Phone No.			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Financial planner, broker					
President Name Kevin McGrady			Vice-President Name Kevin McGrady		
Street Address 36 Aspen Court			Street Address 36 Aspen Court		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Kevin McGrady			Treasurer Name Kevin McGrady		
Street Address 36 Aspen Court			Street Address 36 Aspen Court		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			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 Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			50	Common	No Par Value
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					

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.

Signature of Authorized Representative

Date

Kevin McGrady, President

Print or Type Name of Authorized Representative

File Date: _____
 Check No: _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

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