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.	2. Exact name of the Corporation
139373	KMM Consulting, Inc.

3. Principal office address	City	State	Zip
36 Aspen Court	North Kingstown	RI	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	Vice-President Name
Kevin McGrady	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

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

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

8. SHARES AUTHORIZED — 9. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

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

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.

2/21/17
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
MAR 02 2017
BY 11791 DS

Form No. 630
Revised: 01/2012