



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Corporation

2017

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

2017 MAY 12 PM 2:13
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

1. Entity ID Number 000660930		2. Exact name of the Corporation Kalkomey Enterprises, Inc.	
3. Principal Office Address 14086 Proton Road		City Dallas	State TX
4. NAICS Code -		6. Brief description of the character of business conducted in Rhode Island provider of online safety education	
5. State of Incorporation TX			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Kurt Kalkomey		Vice-President Name Cindy Kalkomey	
Street Address 14086 Proton Rd		Street Address 14086 Proton Rd	
City Dallas	State TX	City Dallas	State TX
Zip 75244		Zip 75244	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 10,000	CLASS/SERIES Common
			PAR VALUE \$ 1
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 Kurt Kalkomey		Date 5-2-17	
Signature of Authorized Representative Kurt Kalkomey		SIGN DOCUMENT HERE MAY 12 2017	

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

BY

MAY 12 2017