RI SOS Filing Number: 201751833570 Date: 10/18/2017 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

		·			
1. Entity ID Number	2. Exact name of the Limited Liability Company				
0016001600	KLS CONSOltants UC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
541219	bookheeping				
5. State of Formation					
RI					
6. Principal Office Address			City	State	Zip
456 Govin or			Warrer	KI_	9880
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name			Contact Title President / when		
Street Address 456 Cauvin Or			City USOR SVC SL	State	Zip 07886
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
Citv	Ctota	ا حاب	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	<u> </u>		<u> </u>	Check the box to in	ndicate an attachment
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person				Date	
Kerri Sil			10/ Ko12017		
Signature of Authorized Person					
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov LITED

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