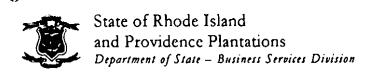
RI SOS Filing Number: 201877918940 Date: 9/20/2018 4:00:00 PM



148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_2018

Filing Period: September 1 - November 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

000784756	2. Exact name of the limited liability company KLM Holdings, LLC				3. NAICS Code 531317	
		development, sale:		Rhode Island 5. State of Formation		
6. Principal office address 4 Frank Avenue			Gily West Kingston	State RI	Zip 02892	
7. MAILING ADD Contact Name Matthew O. D.		ILITY COMPANY AND	NAME OR TITLE OF CONTACT    Contact Title  President	PERSON:		
Street Address 4 Frank Avenue			City West Kingston	State RI	7.ip 02892	
Manager Name Matthew O. [	FILL IN SPACE	GER OF THE LIMITED I	LIABILITY COMPANY, IF APPLI CHMENTS ("X" BOX FOR A Manager Name	CABLE - DO NOT	LIST MEMBER	
Street Address 4 Frank Avenue			Street Address			
4 Flank Aven		1 2:.	City	State		
City West Kingsto	n RI	7 <i>ip</i> 02892	City	3,411	Zip	
City	I		Manager Name	, , , , , , , , , , , , , , , , , , ,	Zip	
City West Kingsto	I				Zip	
City West Kingsto Manager Name	I		Manager Name	State	Zip	
City West Kingsto Manager Name Street Address City	n RI	02892	Manager Name  Street Address			

SEP 2 0 2018

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date
Check No.
Ву:
FOR SECRETARY OF STATE USE ONLY

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 Person

Date

Matthew O. Davitt, President

Print or Type Name of Authorized Person