

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

ITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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1. ID No. 121948	2. Exact	name of the limited liability company Placement Services, LLC						
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island								
RHODE ISLAND TO PROVIDE MANAGEMENT RECRI				RUITING, PLACEMENT AND CONSULTATION SERVICES				
5. Principal office address 951 NORTH MAIN STREET				City PROVIDENCE	State RI	Zip 02904		
6. MAILING AD	DRESS O	FLIMITED	LIABILITY COMPAN	YAND NAME OR TITLE	OF CONTACT	PERSON:		
Contact Name LAWRENCE I KAHN				Contact Title PRESIDENT OF MANAGER				
Street Address	<u> </u>			City	State	Zip		
951 NORTH MA	IN STRE	ET		PROVIDENCE	RI	02904		
Manager Name	ANY M		PACES BEFORE USING TO MANAGERS REQUI	ATTACHMENTS ("X" BOX F RES FILING OF AMENDMENT. R • Manager Name	OR ATTACIIMEN LI.G.L 7-16-12 (a)	. —		
KAHN, LITWIN	, RENZA	& CO.,	LTD.	•				
Street Address			<u> </u>	*Street Address				
951 NORTH MA	IN STRE	ET		•		_		
City	_	State	Zip	*City	State	Zip		
PROVIDENCE		RI	02904	.				
Manager Name	• • • •			Manager Name				
Street Address			Sireei Address					
City		State	Zip	City	State	Zip	_	
8. RESIDENT AG	ËNT IN R	HODE ISLAN	D -DO NOT ALTER- Ch	anges require filing of Fo	orm 642 - R.J.G	.L. 7-16-11		
Agent Name				Address			,	
JAMES H. HAHN, ESQ.			180 SOUTH MAIN STREET					
Address			City		Zip			
			PROVIDENCE	PROVIDENCE		02903-		
						50		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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File Date	q	61	2005					
Check No.	2	25]	M74713					
By: KM								
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 met all statements contained berein are true and correct.

Date

Signature of Authorized Person

Lawrence I. Kahn

Print or Type Name of Authorized Person



2. Exact name of the limited liabilty company

KLR Strategic Placement Services, LLC

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.

121948

3. State of Formation

RHODE ISLAND

5. Principal office address

951 NORTH MAIN STREET

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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02904-

State

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

4. Brief description of the character of the business which is actually conducted in Rhode Island

TO PROVIDE MANAGEMENT RECRUITING, PLACEMENT AND CONSULTATION SERVICES

PROVIDENCE

Ciry

.6 MAILING ADDRESS (F LIMITED LIA	HITY COMPAN	Y AND NAME OR TITLE	OF CONTACT PE	RSON:			
Contact Name Kahn, Li	itwin, Renza	& Co., Ltd.	Contact Title					
Attn: Lawrence	I. Kahn, Pr	esident	· Manager					
Street Address			City	State	Zip			
951 NORTH MAIN STRE			. PROVIDENCE	RI	02904 -			
ANAME AND ADDRESS	OF EACH MANA	GER OF THE LE	MITEDĘDJABILĘTY COM ITACHMENTS (**** 80X)	PANY, IF APPLIC	ABLE			
ANYM	ÖDIFICATIONS TO M	ANAGERS REQUIR	ES FILING OF AMENDMENT.	CONSTITUTED TO CONTRACT TO CON	Transpirán			
Manager Name			· Manager Name	1. 1. G.L 7-10-12 (a) (2)	7. 7-10-32			
Kahn, Litwin Re	nza & Co.		• Munuger Nume					
Street Address			· Street Address					
951 North Main	Street		•					
City Providence	State RI	7 <i>ip</i> 02904	*City	State	Zıp			
Manager Name	J:		Manager Name					
			•					
Street Address		· 	Street Address					
City	State	Zip	City	State	Zip			
		'	•		'			
8_RESIDENT AGENT IN R	HODE ISLAND -DO	NOT ALTER- Chai	nges require filling of F	orm 6423 R.I.Gl	7-16-11			
Agent Name			Address					
JAMES H. HAHN, ESQ.			180 SOUTH MAIN STREET \bigcirc \bigcirc					
Address			Cuy		Zip CO			
Partridge, Sr	now & Hahn, I	LP	PROVIDENCE	1	02903-			
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This report must be signed	in ink hv an auti	harized nersan nu	rswant to 7-16-66					
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1 2 1	9 4 8				أنسا			
					firm that I have examined			
		1			schedules and statements,			
''			and that all stateme	nts contained herein a	re true and correct.			
File Date				TOTAL A	1/11/08			
			anne	& Curac	1/12/02			
Check No.			Signature of Authoriz	ed Person	Date			
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B _i			Print or Type Name of	F CXXIV (E)	651 DVM 1			
FOR SECRETARY OF STATE L	ISE ONLY			y	Foon 632 Rev. 6/02			
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Mam Street Providence, RI 02903-1335 401.222.3040

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filling Period: September 1 - November 1 • Filling Fee: \$50.00

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<i>I. II) №</i> . 121948 - ≟	2. Exact name of the limited liability company KLR Strategic Placement Services, LLC							
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island To provide management recruiting, placement and consultation services.							
RHODE ISLAND	l of Post		, , , , ,					
5. Principal office address 951 North Mai	n Street	· · · · · · · · · · · · · · · · · · ·	GHy Providence	State RI	^{Zi} 02904			
6. MAILING ADDRE	SS OF LIMITED LIABILI	TY COMPANY AND NAM	ME OR TITLE OF CONTACT I	PERSON:	'			
Contact Name Kahn,	Litwin, Renza &	Co., Ltd.	Contact Title					
Attn: Lawren	ce I. Kahn, Pres	ident	Member	Member				
Sireel Address 951 North Mai	n Street	- ''	City Providence	State RI	02904			
	FILL IN SPAC	ES BEFORE USING ATT	ABILITY COMPANY, IF APPLIACHMENTS ("X" BOX FOI FILING OF AMENDMENT, R.I	R ATTACHMENT)				
Manager Name			Manager Name	Managor Name				
Kahn, Lit	win Renza & Co							
Street Address			Street Address		-			
951 North	Main Street							
City	State	Zip	City	State	Zip			
Providence	RI	02904	•••••					
Manager Name			Manager Name	Manager Name				
Street Address		· · · · · <u> · · · · · · · · · · · ·</u>	Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT Agent Name JAMES H. HAHN, ESQ.		OO NOT ALTER - Chang	cs require filing of Form 6	42 - R.I.G.I 7-16	-11			
Address 180 SOUTH MAIN STRI	EET		PROVIDENCE		7.tp 02903-			
			-	<u>.</u>				

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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FOR SECRETARY OF STATE USE &

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.

H. LITWIN

Print or Type Name of Authorized Person