



**STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS**
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 102085
2. Name of Corporation KLM CONSULTING, INC.
3. Street Address Principal Business Office
215 STILLWATER ROAD
4. Business Phone No. 4012331322
5. State of Incorporation RHODE ISLAND

City State Zip
SMITHFIELD RI 02917-
6. SIC Code
7286

7. Brief Description of the Character of Business Conducted in Rhode Island
SALES OF ENVIROMENTAL PRODUCTS.

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
Karen L. Forte
Street Address
215 Stillwater Road
City State Zip
Smithfield RI 02917

Vice President Name
William D. Forte
Street Address
215 Stillwater Road
City State Zip
Smithfield RI 20917

Secretary Name
Karen L. Forte
Street Address
215 Stillwater Road
City State Zip
Smithfield RI 02917

Treasurer Name
William D. Forte
Street Address
215 Stillwater Road
City State Zip
Smithfield RI 02917

9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class Series Par Value
100 NO PAR VALUE

11. SHARES ISSUED (X BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class Series Par Value
100 Common 0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 0 2 0 8 5

102085 DBC 03/16/05 08:38:06 AM
File Date 4-3-05
Check No. 1825
By: [Signature]
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] 3-1-05
Signature of Officer Date
WILLIAM D. FORTE
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 102085		2. Name of Corporation KLM CONSULTING, INC.	
3. Street Address Principal Business Office 215 STILLWATER ROAD		City SMITHFIELD	State RI
4. Business Phone No. 4012331322		5. State of Incorporation RHODE ISLAND	6. SIC Code 7286

7. Brief Description of the Character of Business Conducted in Rhode Island
CONSULTING SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Karen L. Forte			Vice President Name William D. Forte		
Street Address 215 Stillwater Road			Street Address 215 Stillwater Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Karen L. Forte			Treasurer Name William D. Forte		
Street Address 215 Stillwater Road			Street Address 215 Stillwater Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917

9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Karen L. Forte			Director Name William D. Forte		
Street Address 215 Stillwater Road			Street Address 215 Stillwater Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) 11. SHARES ISSUED (X BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
100 NO PAR VALUE			100 No par	Common	0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 0 2 0 8 5

102085 DBC 01/13/04 11:06:33 AM

File Date 1/14/04

Check No. 1574

By: [Signature]

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] 1-13-2004

Signature of Officer Date

Karen L. Forte

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 102085		2. Name of Corporation KLM CONSULTING, INC.			
3. Street Address Principal Business Office 215 Stillwater Road			City Smithfield	State RI	
4. Business Phone No. 233-1322		5. State of Incorporation Rhode Island			6. SIC Code 7286
7. Brief Description of the Character of Business Conducted in Rhode Island Consulting services					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Karen L. Forte			Vice President Name William D. Forte		
Street Address 215 Stillwater Road			Street Address 215 Stillwater Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Karen L. Forte			Treasurer Name William D. Forte		
Street Address 215 Stillwater Road			Street Address 215 Stillwater Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Karen L. Forte			Director Name		
Street Address 215 Stillwater Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
Director Name William D. Forte			Director Name		
Street Address 215 Stillwater Road			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 No par	Common	0	100 No par	Common	0

RECEIVED STATE SECRETARIAT DIVISION SEP 25 11 43 AM '03

SEP 25 11 47 AM '03

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date SEP 25 2003

Check No. 34 M 71856A

By: _____

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 Officer _____ Date _____

William D. Forte

Print or Type Name of Officer _____

Vice President

Title of Officer _____



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102085** 2. Name of Corporation **KLM CONSULTING, INC. c/o KAREN L. FORTE**
3. Street Address Principal Business Office **52 SUNSET AVENUE** City **N. PROVIDENCE** State **R.I.** Zip **02911**
4. Business Phone No. **353-7849** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**

7. Brief Description of the Character of Business Conducted in Rhode Island
CONSULTING

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **WILLIAM D. FORTE**
Street Address **52 SUNSET AVE.**
City **N. PROVIDENCE** State **RI** Zip **02911**

Vice President Name **KAREN L. FORTE**
Street Address **52 SUNSET AVE.**
City **N. PROVIDENCE** State **RI** Zip **02911**

Secretary Name **KAREN L. FORTE**
Street Address **52 SUNSET AVE.**
City **N. PROVIDENCE** State **RI** Zip **02911**

Treasurer Name **WILLIAM D. FORTE**
Street Address **52 SUNSET AVE.**
City **N. PROVIDENCE** State **RI** Zip **02911**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **WILLIAM D. FORTE**
Street Address **52 SUNSET AVE.**
City **N. PROVIDENCE** State **RI** Zip **02911**

Director Name
Street Address
City State Zip

Director Name **KAREN L. FORTE**
Street Address **52 SUNSET AVE.**
City **N. PROVIDENCE** State **RI** Zip **02911**

Director Name
Street Address
City State Zip

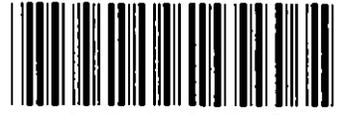
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE COMMON \$

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMMON \$

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 2 0 8 5 *

File Date: 6-11-02
Check No: 173
By: [Signature]

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 Officer: Karen L. Forte Date: 6-10-02
Print or Type Name of Officer: Karen L. Forte
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>102085</u>		2. Name of Corporation <u>KLM ENVIRONMENTAL, INC.</u>			
3. Street Address Principal Business Office <u>215 STILLWATER ROAD</u>			City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>
4. Business Phone No. <u>401-464-6671</u>		5. State of Incorporation <u>RHODE ISLAND</u>		6. SIC Code <u>7286</u>	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>CONSTRUCTION / ENGINEERING CONSULTING</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>KAREN L. FORTE</u>			Vice President Name <u>WILLIAM D. FORTE</u>		
Street Address <u>215 STILLWATER ROAD</u>			Street Address <u>215 STILLWATER ROAD</u>		
City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>	City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02911</u>
Secretary Name <u>WILLIAM D. FORTE</u>			Treasurer Name <u>KAREN L. FORTE</u>		
Street Address <u>215 STILLWATER ROAD</u>			Street Address <u>215 STILLWATER ROAD</u>		
City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>	City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>KAREN L. FORTE</u>			Director Name <u>WILLIAM D. FORTE</u>		
Street Address <u>215 STILLWATER ROAD</u>			Street Address <u>215 STILLWATER ROAD</u>		
City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>	City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>100</u>	<u>Common</u>	<u>NO</u>	<u>100</u>	<u>Common</u>	<u>NO</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: _____

MAR 16 2001

Check No.: _____

By: W.D. Forte 360310

By: _____

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.

William D. Forte 3-16-2001
Signature of Officer Date

VICE PRESIDENT WILLIAM D. FORTE
Print or Type Name of Officer

VICE PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102085** 2. Name of Corporation **KLM ENVIROMENTAL, INC.**
3. Street Address Principal Business Office **52 SUNSET AVENUE** City **NO. PROVIDENCE** State **R.I.** Zip **02911**
4. Business Phone No. **401-353-9849** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5884**

7. Brief Description of the Character of Business Conducted in Rhode Island
SALES OF ENVIRONMENTAL PRODUCTS

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **KAREN L. FORTE**
Street Address **52 SUNSET AVENUE**
City **NO. PROVIDENCE** State **RI** Zip **02911**

Vice President Name **WILLIAM D. FORTE**
Street Address **26 SUNSET AVENUE**
City **NO. PROVIDENCE** State **RI** Zip **02911**

Secretary Name **WILLIAM D. FORTE**
Street Address **52 SUNSET AVENUE**
City **NO. PROVIDENCE** State **RI** Zip **02911**

Treasurer Name **KAREN L. FORTE**
Street Address **52 SUNSET AVENUE**
City **NO. PROVIDENCE** State **RI** Zip **02911**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **KAREN L. FORTE**
Street Address **52 SUNSET AVENUE**
City **NO. PROVIDENCE** State **RI** Zip **02911**

Director Name **WILLIAM D. FORTE**
Street Address **52 SUNSET AVENUE**
City **NO. PROVIDENCE** State **RI** Zip **02911**

Street Address
City State Zip

Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMMON NO PAR VALUE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 0 2 0 8 5 *

File Date: 2/1/00

Check No.: 4409

By: cc

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.

Karen L. Forte 1-18-00
Signature of Officer Date

Print or Type Name of Officer

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 102085 2. Name of Corporation **K.L.M ENVIROMENTAL, INC.**
3. Street Address Principal Business Office
52 SUNSET AVENUE
4. Business Phone No. **401-353-6279** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
SELLING OF ENVIRONMENTAL SUPPLIES

City **NORTH PROVIDENCE** State **RI** Zip **02911**
6. SIC Code **5884**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name **KAREN L. FORTE**
Street Address **52 SUNSET AVENUE**
City **NORTH PROVIDENCE** State **RHODE ISLAND** Zip **02911**

Vice President Name **WILLIAM D. FORTE**
Street Address **52 SUNSET AVENUE**
City **NO TH PROVIDENCE** State **RHIDE ISLAND** Zip **02911**

Secretary Name **WILLIAM D. FORTE**
Street Address **52 SUNSET AVENUE**
City **NORTH PROVIDENCE** State **RHODE ISLAND** Zip **02911**

Treasurer Name **KAREN L. FORTE**
Street Address **52 SUNSET AVENUE**
City **NORTH PROVIDENCE** State **RHODE ISLAND** Zip **02911**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **KAREN L. FORTE**
Street Address **52 SUNSET AVENUE**
City **NORTH PROVIDENCE** State **RHODE ISLAND** Zip **02911**

Director Name **WILLIAM D. FORTE**
Street Address **52 SUNSET AVENUE**
City **NORTH PROVIDENCE** State **RHODE ISLAND** Zip **02911**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
100	COMMON	NO PAR

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	COMMON	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: April 16, 1999
Check No.: 3913
By: [Signature]

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 Officer: Karen L. Forte Date: 3/8/99
PRESI KAREN L. FORTE
President
Title of Officer