



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 JUN -7 PM 12:22

1. Entity ID Number 000102085		2. Exact name of the Corporation KLM CONSULTING INC			
3. Principal Office Address 5 FORTE TRAIL			City SMITHFIELD	State RI	Zip 02917
4. NAICS Code 541330		6. Brief description of the character of business conducted in Rhode Island ENGINEERING CONSULTING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name KAREN LESLIE FORTE			Vice-President Name WILLIAM DAVID FORTE		
Street Address 5 FORTE TRAIL			Street Address 5 FORTE TRAIL		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name KAREN LESLIE FORTE			Treasurer Name WILLIAM DAVID FORTE		
Street Address 5 FORTE TRAIL			Street Address 5 FORTE TRAIL		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 100	CLASS/SERIES CNP	PAR VALUE 0.00
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 KAREN L FORTE				Date 6/1/23	
Signature of Authorized Representative <i>Karen Forte</i>					

FILED

JUN 7 2023

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