



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

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) Check the box to indicate an attachment <input type="checkbox"/>			
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) Check the box to indicate an attachment <input type="checkbox"/>			
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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		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 12:23
BY *KyH58*