



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					
Check the box to indicate an attachment <input type="checkbox"/>					
7. List ALL officers (names and addresses)					
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
Check the box to indicate an attachment <input type="checkbox"/>					
8. List ALL directors (names and addresses)					
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
Check the box to indicate an attachment <input type="checkbox"/>					
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	CNP	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

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY Ky H58