

	<p>State of Rhode Island Office of the Secretary of State</p> <p>Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040</p>	<p>Fee: \$50.00</p>
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**Limited Liability Company
Annual Report 2024**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: <u>2024</u>	
1. ID No. <u>001675135</u>	
2. Exact Name of the Limited Liability Company <u>KMS Solutions, LLC</u>	
3. State of Formation State: <u>VA</u>	
NAICS CODE	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here . More information on NAICS can be found online.	
<u>541330</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
<u>PROVIDING ENGINEERING SERVICES TO THE GOVERNMENT</u>	FILED
5. Principal Office Address	
No. and Street: <u>205 S WHITING STREET</u> <u>SUITE 400, LANDMARK OFFICE</u> <u>BUILDING</u>	JAN 24 2024 BY <u>1105272</u>
City or Town: <u>ALEXANDRIA</u>	State: <u>VA</u> Zip: <u>22304-7100</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: <u>RICHARD LIU</u> Contact Title: <u>CONTROLLER</u> No. and Street: <u>2121 CRYSTAL DR STE 806</u>	
City or Town: <u>ARLINGTON</u>	State: <u>VA</u> Zip: <u>22202</u> Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11	
<u>MICHAEL MARTINO 1272 WEST MAIN ROAD GREEN III BUILDING 2N MIDDLETOWN , RI 02842</u>	
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).	

The Department of State tracks the number of new business filings on a quarterly and annual basis. By answering the following three voluntary questions, you will help us better present useful trends and information on the health of our economy.

1. (Select all that apply) - Does the business owner self-identify as any of the following:

- Woman
- Veteran
- Disabled
- Member of a socially and economically disadvantaged group (i.e., as defined under the US Small Business Administration's 8(a) Program: Black, Hispanic, Native American, Asian Pacific or Subcontinent Asian American)

2. How many full time employees does the business have:

- 0
- 1-5
- 6-50
- 51-200
- 201-500
- Over 500

3. What are the gross revenues for the business for the past year:

- \$0 - \$50,000
- \$51,000 - \$250,000
- \$251,000 - \$500,000
- \$501,000 - \$1,000,000
- Over \$1,000,000

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: _____
Business Name: _____
No. and Street: _____
City or Town: _____ State _____ Zip _____ Country: _____
Contact Phone: _____ ext: _____
Contact Email: _____

Signed this 26 Day of January, 2024 at 3:07:31 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By SAM MALHOTRA
Signature of Authorized Person

Make Corrections

Accept

Form No. 632
Revised 09/07