



State of Rhode Island
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

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**: 2024

1. ID No. 001675135

2. Exact Name of the Limited Liability Company KMS Solutions, LLC

3. State of Formation

State: VA

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.

541330

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PROVIDING ENGINEERING SERVICES TO THE GOVERNMENT

FILED

5. Principal Office Address

JAN 24 2024

No. and Street: 205 S WHITING STREET
SUITE 400, LANDMARK OFFICE
BUILDING

BY 1105272

City or Town: ALEXANDRIA

State: VA Zip: 22304-7100 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: RICHARD LIU Contact Title: CONTROLLER

No. and Street: 2121 CRYSTAL DR STE 806

City or Town: ARLINGTON

State: VA Zip: 22202 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MICHAEL MARTINO 1272 WEST MAIN ROAD GREEN III BUILDING 2N MIDDLETOWN , RI 02842

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