

State of Rhode Island'

Department of State - Business Services Division

Annual Report for the year: 2024 **Limited Liability Company**

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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



1 Entity ID Number	2. Exact name of the Limited Liability Company				
000513435	Klopfer Martin Desig	Klopfer Martin Design Group LLC			
3 NAICS Code	Brief description of the character of business conducted in Rhode Island				
541320	Landscape Architecture	Landscape Architecture			
5 State of Formation					
MA					
6. Principal Office Address		City	State	Zıp	
69 Canal Street		Boston	MA	02114	
7. Mailing Address of Limite	d Liability Company and Name or Titl	e of Contact Person	I .		
Contact Name Katharine V. Martin		Contact Title Manager			
Street Address 69 Canal Street		City Boston	State MA	^{Z₁p} 02114	
8. The Resident Agent infor	mation currently of record with the RI	Department of State is acc	curate. Changes require	filing Form 642	
	y, I declare and affirm that I have e. latements contained herein are true	•	uding any accompany	ing schedules and	
Name of Authorized Person			Date 🗼	4 - 1	
Katharine V. Martin			- 1 41	4124	
Signature of Juthorized Per	son A A A A				
HOM NA		*			

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MAIL TO:

Division of Business Services

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