RI SOS Filing Number: 202570379900 Date: 4/11/2025 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division						REC'D 725 APR 1	
Annual Report for the year: 2025  Corporation  → Filing period: February 1 - May 1  → Filing Fee: \$50.00  → Penalty: Additional \$25.00 fee if form is not filed by May 31.				RIDOS BSD 11 PH 12:09:			
Entity ID Number     2. Exact name of the Corporation				<del></del>		້ວ້ຳ	
001756038	Kamm Advisory Partners Inc.						
3. Principal Office Address 57 Foster Street			City Warwi	ck	State RI	Zip 02889	
4. NAICS Code 541618 5. State of Incorporation RI	Brief description of the character of business conducted in Rhode Island     Business consulting firm						
7. List ALL officers (names and add President Name	Vien Provident Name					n attachment 🗆	
Patrick J. Kamm			vice-President Name				
Street Address 57 Foster Street			Street Address				
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02889	City		State	Zıp	
Patrick J. Kamm			Treasurer Name Patrick J. Kamm				
Street Address 57 Foster Street			Street Address 57 Foster Street				
City Warwick	State RI	<sup>Zip</sup> 02889	City Warwick		State RI	Zip 02889	
B. List ALL directors (names and addresses)     Director Name  Street Address			Check the box to indicate an attachment  Director Name  Street Address				
City	State	Zip	City		State	Zíp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issue				an attachment  PAR VALUE	
		100		Common	\$.01		
<ol> <li>This report must be executed or ceiver or trustee, this report must be</li> </ol>					oration is in the	hands of a re-	
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 / Patrick J. Kamm, President					Date  Dave 1 2025		
Signature of Authorized Representative							
MAIL TO: Division of Business Services  APR 11 2025							

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630- Revised 12/2023