



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

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

Foreign Business Corporation  
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000302709

2. Name of Corporation KRAFT LAKE INSURANCE AGENCY, INC.

3. Street Address Principal Business Office:

No. and Street: 5600 BEECH TREE LANE

City or Town: CALEDONIA

State: MI

Zip: 49316

Country: USA

4. Business Phone No.

616-956-3750

5. State of Incorporation

State: MI

6. Brief Description of the Character of Business Conducted in Rhode Island

INSURANCE AGENCY

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	EDMUND DABROWSKI	6301 OWENSMOUTH WOODLAND HILLS, CA 91367 USA
TREASURER	JEFFREY L PEPPER	5600 BEECH TREE LANE CALEDONIA, MI 49501 USA
SECRETARY	MARTIN R BROWN	5600 BEECH TREE LANE CALEDONIA, MI 49501 USA
VICE PRESIDENT	RONALD G MYHAN	6301 OWENSMOUTH WOODLAND HILLS, CA 91367 USA
DIRECTOR	FRANK A BONELLO	8106 HIGHWOOD DR

		BLOOMINGTON, MN 55438 USA
DIRECTOR	JOE D BRYANT	1720 S. BROADWAY MOORE, OK 73160 USA
DIRECTOR	ALAN R GILDEMEISTER	634 PRATT SCHAUMBURG, IL 60193 USA
DIRECTOR	DENNIS J LORCH	30965 HWY 25 ADVANCE, MO 63730 USA
DIRECTOR	OTTIE J WALLACE	9290 E HWY 140 PLANADA, CA 95365 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$1.0000	50,000.00	100

**9. 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.**

**Signed this 29 Day of January, 2016 at 1:58:13 PM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MERIKAY WIERENGA  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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