

## State of Rhode Island and Providence Plantations Department of State - Business Services Division

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

Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

HOPE		. •	,		<b>3</b>		
<b>Profit Corporation A</b>	nnual Rep	ort for the year	2016				
Filing period: January 1 - I		-		•	į		
Filing Fee: \$50.00 *FAILU			MARCH 31 WILL	RESULT	N A \$25.00	PENALTY FEE	<u>:</u> .
1. Entity ID Number	2. Exact name of the Corporation						
61738	Keil Broth	ers, Inc.					
3. Principal Office Address	City	·	State	Zip			
3848 Diamond Hill Road			Cumberland		RI	02864	
4. Business Phone Number	5. State of Incorporation						
401-333-1830	Massachusetts						
6. Brief description of the cha	aracter of busin	ess conducted in Rho	xde Island			H-FE	
Sale of foam products					<u></u> .	72 40.00	
7 List ALL officers (names a	nd addresses)			Chaok the	hay to indicate		
President Name	Check the box to indicate an attachment Vice-President Name						
President Name  Wayne B. Keil			Wayne B. Keil				
Street Address 3848 Diamond Hill Road			Street Address 3848 Diamond Hill Road				
City Cumberland	State RI	Zip <b>02864</b>	City Cumberland	d	State RI	Zip <b>02864</b>	,
Secretary Name Wayne B. K	Treasurer Name Wayne B. Keil						
Street Address 3848 Diamon	d Hill Road		Street Address 384				
City Cumberland	State RI	Zip <b>02864</b>			State RI	Zip 02864	
8. List ALL directors (names and addresses)				Check the	L box to indicate	e an attachment	
Director Name Wayne B. Ke	il		Director Name				
Street Address 3848 Diamon	Street Address						
City Cumberland	State RI	Zip <b>02864</b>	City		State	Zip	
9. Shares Authorized			10. Shares Issued	Check	oox to indicate	an attachment	$\Box$
			NUMBER OF SHARES	CLASS/S	ERIES	PAR VALUE	
This information is currently of record in the Department of State.  Changes require an additional filling.			1,000	Common		No par	
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11. This report must be execu	ted on behalf o	of the corporation by a	n authorized represer	ntative. If the	ne corporation	is in the hands o	of a
Under penalty of perjury, I o statements, and that all stat	leclare and af	firm that I have exan	nined this report, inc	luding an	y accompany	ing schedules a	and
Name of Authorized Represer			Date				
Wayne B. Keil Preside		03/31/2016		/2016			
Signature of Authorized Repre	esentative					<del></del>	
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SECRETARY OF STATE
CORPORATIONS DIV

Form No. 630 Revised: 2016 FILED

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