



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

**Annual Report for the year: 2020**  
**Corporation**

**FILED**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**JAN 13 2020**

BY

*103105*

1. Entity ID Number <b>001685860</b>		2. Exact name of the Corporation <b>Keway Realty Management, Inc.</b>			
3. Principal Office Address 4 Bourget Court		City North Smithfield		State RI	Zip 02896
4. NAICS Code 53 <i>110</i>		6. Brief description of the character of business conducted in Rhode Island Real Estate Management			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Wayne Beauchamp			Vice-President Name Keith Beauchamp		
Street Address 4 Bourget Court			Street Address 243 Sneece Pond Road		
City North Smithfield	State RI	Zip 02896	City Cumberland	State RI	Zip 02864
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		CNP	0
11. 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.					
<b>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.</b>					
Name of Authorized Representative Wayne Beauchamp				Date January 9, 2020	
Signature of Authorized Representative <i>Wayne Beauchamp</i>			SIGN DOCUMENT HERE		

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov