RI SOS Filing Number: 202037148100 Date: 4/2/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

FILER

## Annual Report for the year 2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

	APR 0 2 2020	1
BY_	258(01037L	144 105

1. Entity ID Number	To Event nom	o of the Competition	_		_				
61738		2. Exact name of the Corporation  Keil Brothers, Inc.							
	Kell Brot	ners, inc.							
Principal Office Address			City		State	Zip			
3848 Diamond Hill Road			Cumberlan	d	RI	02864			
4. NAICS Code	NAICS Code 6. Brief description of the character of business conducted in Rhode Island								
32U.\\ <del>2</del>	Sale of Foam Products								
5. State of Incorporation									
Massachusetts									
7. List ALL officers (names and	addresses)				k the box to in	dicate an attachment			
President Name Wayne B. Keil	Vice-President Name Wayne B. Keil								
Street Address 3848 Diamond F	Street Address 3848 Diamond Hill Road								
City Cumberland	State RI	Zip 02864	City Cumberland		State RI	<sup>Zip</sup> 02864			
Secretary Name Wayne B. Keil	Treasurer Name 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		State RI	<sup>Zip</sup> 02864			
8. List ALL directors (names an	d addresses)			Chec	k the box to in	dicate an attachment			
Director Name Wayne B. Keil	•		Director Name	)					
Street Address 3848 Diamond H	Street Address								
City Cumberland	State RI	<sup>Zip</sup> 02864	City		State	Zip			
Director Name		Director Name							
Street Address	Street Address								
City	State	Zip	City		State	Zip			
9. Shares Authorized		10. Shares Iss	sued Check the box to indicate an attachment						
This information is currently of r		NUMBER OF SHARES CLASS/SERIES PAR VALUE							
Department of State.		1,000	1,000			No Par			
Changes require an additional filing.		<del></del>							
11. This report must be execute	ed on behalf of the	corporation by an	authorized repres	I sentative. If the corr	oration is in t	ne hands of a receiver or			
trustee, this report must be exe		•	•	•					
Under penalty of perjury, I de statements, and that all state			•	ncluding any acco	mpanying so	hedules and			
Name of Authorized Represent	Date	Date							
Wayne B. Keil		March 31, 2020							
Signature of Authorized Repres	sentative	<b>8</b> 0 8181 20	EWET HERE			<del></del>			
wayee D.	1200	1-4621D	6N 1						

MAIL TO:

**Division of Business Services** 

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

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

FORM 630 - Revised: 10/2017