RI SOS Filing	Date: 1/20/2021 4:00:00 PM						
State of Rhode Island Department of Star	te - Busines:	s Services Di	vision			,	
Annual Report for the yea	ar: ₂₀₂₁					•	
Corporation	J.1372021						
→ Filing period: January 1 - M							
→ Filing Fee: \$50.00	1.122001						
→ Penalty: Additional \$25.00 fe	3) 2021						
Entity ID Number	2. Exact name of	the Corporation		Β Υ	<u> </u>	<u> </u>	
001685860	Keway Realty M	anagement., Inc.				7-0-7 L	>
3. Principal Office Address	l		City		State	Zip	
4 Bourget Court			North Smith		RI	02896	
4. NAICS Code	E		of business co	onducted in Rhode Isl	and		
53 [[] []	Real Estate Man	agement					
5. State of Incorporation							
RhodeIsland							
7. List ALL officers (names and add	resses)			Check th	ne box to ir	ndiçate an attach	ment [1]
President Name Wayne Beauchap	Vice-President Name Keith Beauchamp						
Street Address							
Street Address 4 Bourget Court	Street Address 46 Angell Road						
City North Smithfield	State RI	^{Zip} 02896	City Narragansett		State RI	Zip 0288	2
Secretary Name			Treasurer Name				
				<u> </u>			
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names and ad	dresses)	<u> </u>	<u>.</u>	Check to	he box to in	ndicate an attach	ment 🖂
Director Name			Director Name	-			<u></u>
Street Address			China Addings				
Sireet 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 Issue			ne box to ir	ndicate an attach	ment 🗆
This information is currently of record Department of State.	d in the	NUMBER OF SI					
Changes require an additional filing.		1000 CNP		CNP	0		
11. This report must be executed or	n behalf of the con	poration by an aut	horized repres	entative. If the corpor	ation is in t	he hands of a re	ceiver or
trustee, this report must be execute Under penalty of perjury, I declar	o on benail of the	L have examined	this moon in	usiee. Isludina any assomi	nanvina s	chadulas and	
statements, and that all statemen	ts contained her	ein are true and	correct.	eluding any accomp	Janying S	criedules and	
Name of Authorized Representative		Date					
Wayne Beauchamp		January 14, 2021					
Signature of Authorized Representa	ative				<u> </u>		
11/1111/ Know	ham D						
May W PO DIK							

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone**: (401) 222-3040

Website: www.sos.ri.gov