



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

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- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 1659415		2. Exact name of the Corporation KAMPS INC					
3. Principal Office Address 2900 PEACH RIDGE NW			City GRAND RAPIDS	State MI	Zip 49534		
4. NAICS Code 321900		6. Brief description of the character of business conducted in Rhode Island MANUFACTURE AND RESALE OF PRODUCTS					
5. State of Incorporation MI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name MITCHELL KAMPS			Vice-President Name				
Street Address 2900 PEACH RIDGE NW			Street Address				
City GRAND RAPIDS	State MI	Zip 49534	City	State	Zip		
Secretary Name SARA GILSON			Treasurer Name PHIL MINSTER				
Street Address 2900 PEACH RIDGE NW			Street Address 2900 PEACH RIDGE NW				
City GRAND RAPIDS	State MI	Zip 49534	City GRAND RAPIDS	State MI	Zip 49534		
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name BERNARD M KAMPS			Director Name				
Street Address 2900 PEACH RIDGE NW			Street Address				
City GRAND RAPIDS	State MI	Zip 49534	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>							
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		10,000		COMMON A		10,000	
		40,000		COMMON B		40,000	
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. 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.							
Name of Authorized Representative Phil Minster					Date 03/30/23		
Signature of Authorized Representative <i>Phil Minster</i> CFO							

FILED

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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MAR 30 2023
 BY ML MEGZG