



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2020  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
R.I. DEPT. OF STATE  
BUS. SERVICES DIV.  
2023 MAR 30 P 12:17

1. Entity ID Number <b>1059415</b>		2. Exact name of the Corporation <b>KAMPS INC</b>			
3. Principal Office Address <b>2900 PEACH RIDGE NW</b>			City <b>GRAND RAPIDS</b>	State <b>MI</b>	Zip <b>49534</b>
4. NAICS Code <b>321900</b>		6. Brief description of the character of business conducted in Rhode Island <b>MANUFACTURE AND RESALE OF PRODUCTS</b>			
5. State of Incorporation <b>MI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MITCHELL KAMPS</b>			Vice-President Name		
Street Address <b>2900 PEACH RIDGE NW</b>			Street Address		
City <b>GRAND RAPIDS</b>	State <b>MI</b>	Zip <b>49534</b>	City	State	Zip
Secretary Name <b>SARA GILSON</b>			Treasurer Name <b>PHIL MINSTER</b>		
Street Address <b>2900 PEACH RIDGE NW</b>			Street Address <b>2900 PEACH RIDGE NW</b>		
City <b>GRAND RAPIDS</b>	State <b>MI</b>	Zip <b>49534</b>	City <b>GRAND RAPIDS</b>	State <b>MI</b>	Zip <b>49534</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>BERNARD M KAMPS</b>			Director Name		
Street Address <b>2900 PEACH RIDGE NW</b>			Street Address		
City <b>GRAND RAPIDS</b>	State <b>MI</b>	Zip <b>49534</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <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.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			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 <b>Phil Minster</b>					Date <b>03/30/23</b>
Signature of Authorized Representative <i>Phil Minster</i> <b>CFO</b>					

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.govMAR 30 2023  
12:17 BY ML MEGZG  
FORM 630 - Revised: 2/2023