



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2018
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
CL. CLERK OF ST. CT.
155 STATE ST.
2018 MAR 30 P 12:13

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 Phil Minster 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.gov12:15 MAR 30 2023 BY ML MEGZG
FORM 630 - Revised: 2/2023