



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2017
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
DEPT. OF STATE
BUS. SVCS. DIV.
2023 MAR 30 P 12:13

1. Entity ID Number 1059415		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	
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	
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	
Director Name		Director Name	
Street Address		Street Address	
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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		10,000	COMMON A
		40,000	COMMON B
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			

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

FILED

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FORM 630 - Revised: 2/2023