



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  
BUSINESS SERVICES  
2018 MAR 30 P 12:13

1. Entity ID Number <b>1659415</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>	
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>	
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>	
Director Name		Director Name	
Street Address		Street Address	
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		Check the box to indicate an attachment <input type="checkbox"/>	
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 <b>PHIL MINSTER</b>		Date <b>03/30/23</b>	
Signature of Authorized Representative <b>Phil Minster</b> 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

MAR 30 2023  
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FORM 630 - Revised: 2/2023