



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2023

**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 SVCS DIV

1. Entity ID Number <b>61738</b>		2. Exact name of the Corporation <b>Keil Brothers, Inc.</b>		2023 JUL 25 12:01	
3. Principal Office Address <b>3848 Diamond Hill Road</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>326150</b>		6. Brief description of the character of business conducted in Rhode Island <b>Sale of foam products</b>			
5. State of Incorporation <b>Massachusetts</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>Wayne B. Keil</b>			Vice-President Name <b>Wayne B. Keil</b>		
Street Address <b>3848 Diamond Hill Road</b>			Street Address <b>3848 Diamond Hill Road</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
Secretary Name <b>Wayne B. Keil</b>			Treasurer Name <b>Wayne B. Keil</b>		
Street Address <b>3848 Diamond Hill Road</b>			Street Address <b>3848 Diamond Hill Road</b>		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>Wayne B. Keil</b>			Director Name		
Street Address <b>3848 Diamond Hill Road</b>			Street Address		
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <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.			NUMBER OF SHARES		CLASS/SERIES
			1,000		Common
					PAR VALUE
					No Par
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. <i>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.</i>					
Name of Authorized Representative <b>Wayne B. Keil</b>					Date <b>July 25, 2023</b>
Signature of Authorized Representative: <i>Wayne B. Keil</i> <b>PRESIDENT</b>					<b>FILED 1207</b>

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

**JUL 25 2023**  
**BY 27908**