



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

**FILED**

**Annual Report for the year: 2024**  
**Corporation**

MAR 07 2024  
 BY *28834398718 DS*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001665078</b>		2. Exact name of the Corporation <b>Richie's Insulation Inc</b>	
3. Principal Office Address <b>111 Old Bedford Road</b>		City <b>Westport</b>	State <b>MA</b>
		Zip <b>02790</b>	
4. NAICS Code <i>83310</i>	6. Brief description of the character of business conducted in Rhode Island <b>Instalation of insulation products in New Construction and Renovations</b>		
5. State of Incorporation <b>RI</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>Richard Kimpel</b>		Vice-President Name <b>Richard Kimpel</b>	
Street Address <b>87 Pine Street</b>		Street Address <b>87 Pine Street</b>	
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>Swansea</b>
		State <b>MA</b>	
		Zip <b>02777</b>	
Secretary Name <b>Karsen Kimpel</b>		Treasurer Name <b>Karsen Kimpel</b>	
Street Address <b>61 Gardner Ave.</b>		Street Address <b>61 Gardner Ave.</b>	
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</b>	City <b>Swansea</b>
		State <b>MA</b>	
		Zip <b>02777</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>Richard Kimpel</b>		Director Name	
Street Address <b>87 Pine Street</b>		Street Address	
City <b>Swansea</b>	State <b>MA</b>	Zip <b>02777</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	
		PAR VALUE	
		<b>200</b>	<b>CNP</b>
			<b>0.00</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. <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>Thomas A. Bucci, esq., Agent for Service</b>			Date <b>January 26, 2023</b>
Signature of Authorized Representative <i>Thomas A. Bucci</i> <b>January 26, 2023</b>			