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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ 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	2. Exact name of the Corporation		
61738	Keil Brothers, Inc.		
3. Principal Office Address	City	State	Zip
3848 Diamond Hill Road	Cumberland	RI	02864
4. NAICS Code: 324150	6. Brief description of the character of business conducted in Rhode Island		
5. State of Incorporation: Massachusetts	Sale of Foam Products		

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Wayne B. Keil			Vice-President Name: Wayne B. Keil		
Street Address: 3848 Diamond Hill Road			Street Address: 3848 Diamond Hill Road		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864
Secretary Name: Wayne B. Keil			Treasurer Name: Wayne B. Keil		
Street Address: 3848 Diamond Hill Road			Street Address: 3848 Diamond Hill Road		
City: Cumberland	State: RI	Zip: 02864	City: Cumberland	State: RI	Zip: 02864

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Wayne B. Keil			Director Name		
Street Address: 3848 Diamond Hill Road			Street Address		
City: Cumberland	State: RI	Zip: 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1,000	Common	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.

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	Date
Wayne B. Keil	August 16, 2024

Signature of Authorized Representative: Wayne B. Keil

FILED
AUG 16 2024
BY KJ

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

FORM 630- Revised 12/2023