



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

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

FIELD

JAN 27 2025 STAMP
BY 29273323130

1. Entity ID Number 001665078		2. Exact name of the Corporation Richie's INSULATION INC	
3. Principal Office Address 111 OLD BEDFORD ROAD		City WESTPORT	State MA
Zip 02790			
4. NAICS Code 238310	6. Brief description of the character of business conducted in Rhode Island INSTALLATION of INSULATION in Commercial AND RESIDENTIAL CONSTRUCTION AND RENOVATIONS		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RICHARD KIMPAL		Vice-President Name RICHARD KIMPAL	
Street Address 87 PINE STREET		Street Address 87 PINE STREET	
City SWANSEA	State MA	Zip 02777	City SWANSEA
State MA	Zip 02777	City SWANSEA	State MA
Zip 02777	City SWANSEA	State MA	Zip 02777
Secretary Name KARSEN KIMPAL		Treasurer Name KARSEN KIMPAL	
Street Address 61 GARDNER STREET		Street Address 61 GARDNER STREET	
City SWANSEA	State MA	Zip 02777	City SWANSEA
State MA	Zip 02777	City SWANSEA	State RI
Zip 02777	City SWANSEA	State RI	Zip 02777
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name RICHARD KIMPAL		Director Name	
Street Address 87 PINE STREET		Street Address	
City SWANSEA	State MA	Zip 02777	City
State MA	Zip 02777	City	State
Zip 02777	City	State	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		200.00	
		CNP	
		0.00	
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 THOMAS A. BUCCI		Date JANUARY 22, 2025	
Signature of Authorized Representative Thomas A. Bucci, atty.			

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