



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2025**
Corporation

→ Filing period: January 1 - March 1

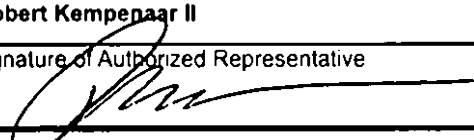
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FIELD

JAN 27 2025

BY

1. Entity ID Number 14873		2. Exact name of the Corporation Kempenaar Real Estates, Inc.			
3. Principal Office Address 351 West Main Road			City Middletown	State RI	Zip 02842
4. NAICS Code 721110		6. Brief description of the character of business conducted in Rhode Island Buy, Sell, lease, deal in, hold, manage or improve real estate.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Kempenaar II			Vice-President Name Kajsa Kempenaar		
Street Address 351 West Main Road			Street Address 351 West Main Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Robert Kempenaar II			Treasurer Name Robert Kempenaar II		
Street Address 351 West Main Road			Street Address 351 West Main Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kajsa Kempenaar			Director Name		
Street Address 351 West Main Road			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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	PAR VALUE
			3315	common	\$1.00
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 Robert Kempenaar II					Date 01/22/25
Signature of Authorized Representative 					

SIGNATURE HERE

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.n.gov