



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2025 "AMENDED"**
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
SECRETARY OF STATE
CORPORATIONS

2025 MAR -7 PM 2:41

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 & Renovations			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Kimpel			Vice-President Name Richard Kimpel		
Street Address 87 Pine Street			Street Address 87 Pine Street		
City Swansea	State MA	Zip 02777	City Swansea	State MA	Zip 02777
Secretary Name Karson Kimpel			Treasurer Name Karson Kimpel		
Street Address 106 Mason Street			Street Address 106 Mason Street		
City Rehoboth	State MA	Zip 02769	City Rehoboth	State MA	Zip 02769
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
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 March 5, 2025	
Signature of Authorized Representative <i>Thomas A. Bucci</i>				FILED MAR 07 2025 BY <i>08</i> 2:41	

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

RI DOS MADE NON-SUBSTANTIVE EDITS



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

March 07, 2025 02:41 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

