



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 <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 <b>238310</b>		6. Brief description of the character of business conducted in Rhode Island <b>Installation of Insulation in Commercial and Residential Construction &amp; Renovations</b>			
5. State of Incorporation <b>MA</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>Karson Kimpel</b>			Treasurer Name <b>Karson Kimpel</b>		
Street Address <b>106 Mason Street</b>			Street Address <b>106 Mason Street</b>		
City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</b>	City <b>Rehoboth</b>	State <b>MA</b>	Zip <b>02769</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			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					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>200.00</b>	CLASS/SERIES <b>CNP</b>	PAR VALUE <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. <b>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.</b>					
Name of Authorized Representative <b>Thomas A. Bucci</b>				Date <b>March 5, 2025</b>	
Signature of Authorized Representative <i>Thomas A. Bucci</i>				<b>FILED</b>  <b>MAR 07 2025</b>  <b>BY</b> <i>Q8</i> <b>2:41</b>	

MAIL TO:  
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FORM 630- Revised: 12/2023