



**State of Rhode Island
Department of State - Business Services Division**

FILED

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.

JAN 26 2024

3Y *[Handwritten Signature]*

1. Entity ID Number 001685860		2. Exact name of the Corporation Keway Realty Management, Inc.			
3. Principal Office Address 4 Bourget Court			City North Smithfield	State RI	Zip 02896
4. NAICS Code 53110		6. Brief description of the character of business conducted in Rhode Island Real Estate Management			
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 Wayne Beauchamp			Vice-President Name Keith Beauchamp		
Street Address 4 Bourget Court			Street Address 46 Angell Road		
City North Smithfield	State RI	Zip 02896	City Narragansett	State RI	Zip 02882
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	CNP	0
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 Wayne Beauchamp					Date January 23, 2024
Signature of Authorized Representative <i>Wayne Beauchamp</i>					

MAIL TO:
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