



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

FOR

1. Entity ID Number 000014755		2. Exact name of the Corporation ANDREW KEENA & SONS, INC.			
3. Principal Office Address 114 POST ROAD		City WESTERLY		State RI	Zip 02891
4. NAICS Code 23 - Construction		6. Brief description of the character of business conducted in Rhode Island GENERAL EXCAVATING AND CONSTRUCTION			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KATHLEEN K. DeBARTOLO			Vice-President Name PHILIP DeBARTOLO		
Street Address 9 BRENDEN STREET			Street Address 114 POST ROAD		
City WESTERLY		State RI	Zip 02891	City WESTERLY	
				State RI	
				Zip 02891	
Secretary Name CHARLES SOLOVEITZIK			Treasurer Name KATHLEEN K. DeBARTOLO		
Street Address 2 ELM STREET, P.O. BOX 414			Street Address 9 BRENDEN STREET		
City WESTERLY		State RI	Zip 02891	City WESTERLY	
				State RI	
				Zip 02891	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name KATHLEEN K. DeBARTOLO			Director Name PHILIP DeBARTOLO		
Street Address 9 BRENDEN STREET			Street Address 114 POST ROAD		
City WESTERLY		State RI	Zip 02891	City WESTERLY	
				State RI	
				Zip 02891	
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
			100	COMMON	NO PAR
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 <i>Charles Soloveitzik, Secretary</i>				Date <i>2/10/2017</i>	
Signature of Authorized Representative <i>[Handwritten Signature]</i>					
SIGN DOCUMENT HERE					

FILED

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

FEB 15 2017

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