



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Corporation**STAMP**

FOR

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 14916		2. Exact name of the Corporation KENNEDY INCORPORATED	
3. Principal Office Address 21 Circuit Drive, Quonset Point		City North Kingstown	State RI
		Zip 02852	
4. NAICS Code 54 - Professional, Scientific, an	6. Brief description of the character of business conducted in Rhode Island Development, production, and distribution of sales promotion items		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>			
President Name Steven M. Kennedy		Vice-President Name None	
Street Address 21 Circuit Drive, Quonset Point		Street Address	
City North Kingstown	State RI	Zip 02852	
Secretary Name Steven M. Kennedy		Treasurer Name Steven M. Kennedy	
Street Address 21 Circuit Drive, Quonset Point		Street Address 21 Circuit Drive, Quonset Point	
City North Kingstown	State RI	Zip 02852	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Steven M. Kennedy		Director Name	
Street Address 21 Circuit Drive, Quonset Point		Street Address	
City North Kingstown	State RI	Zip 02852	
Director Name		Director Name	
Street Address		Street Address	
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 100	CLASS/SERIES Common
		PAR VALUE 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 Steven M. Kennedy		Date 3/17/17	
Signature of Authorized Representative			

SIGN DOCUMENT HERE

FILED**DZ**

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised 10/2016

KENNEDY INCORPORATED

Corporate ID: 14916

2017 Annual Report

Secretary of State

Continuation Sheet

OFFICERS:

Assistant Secretary:
Steven M. McInnis
38 Bellevue Avenue
Newport, RI 02840