



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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

STAMP

FOR  
SUSPENSION - STATE  
FEE ONLY

→ 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<br><b>1268041</b>  |   | 2. Exact name of the Corporation<br><b>W.T. Kenney Co., Inc.</b> |   |                    |                          |
| 3. Principal Office Address<br><b>11 Prescott Street</b>   |   |  | City<br><b>Arlington</b>  | State<br><b>MA</b> | Zip<br><b>02474</b>      |
| 4. NAICS Code<br><b>55</b>   | 6. Brief description of the character of business conducted in Rhode Island<br><b>painting contractor</b> |  |   |                    |                          |
| 5. State of Incorporation<br><b>Rhode Island</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<br><b>Timothy J. Kenney</b>   |   |  | Vice-President Name   |                    |                          |
| Street Address<br><b>11 Prescott Street</b>  |   |  | Street Address  |                    |                          |
| City<br><b>Arlington</b>   | State<br><b>MA</b>  | Zip<br><b>02474</b>  | City  | State              | Zip                      |
| Secretary Name<br><b>Timothy J. Kenney</b>   |   |  | Treasurer Name<br><b>Tracy E. Kenney</b>  |                    |                          |
| Street Address<br><b>same as above</b>   |   |  | Street Address<br><b>11 Prescott Street</b>   |                    |                          |
| City   | State   | Zip  | City<br><b>Arlington</b>  | State<br><b>MA</b> | Zip<br><b>02474</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<br><b>Timothy J. Kenney</b>  |   |  | Director Name   |                    |                          |
| Street Address<br><b>same as above</b>   |   |  | 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                          |
| This information is currently of record in the Department of State.<br><br>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.<br><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<br><b>Timothy J. Kenney</b>  |   |  |   |                    | Date<br><b>8/29/2017</b> |
| Signature of Authorized Representative   |   |  |   |                    |                          |

FILED

AUG 29 2017

BY

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FORM 630 - Revised: 10/2016

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