



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
SUSPENSION OF
FILING

1. Entity ID Number 1268041		2. Exact name of the Corporation W.T. Kenney Co., Inc.			
3. Principal Office Address 11 Prescott Street		City Arlington		State MA	Zip 02474
4. NAICS Code 55	6. Brief description of the character of business conducted in Rhode Island painting contractor				
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 Timothy J. Kenney			Vice-President Name		
Street Address 11 Prescott Street			Street Address		
City Arlington	State MA	Zip 02474	City	State	Zip
Secretary Name Timothy J. Kenney			Treasurer Name Tracy E. Kenney		
Street Address same as above			Street Address 11 Prescott Street		
City	State	Zip	City Arlington	State MA	Zip 02474
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Timothy J. Kenney			Director Name		
Street Address same as above			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		
			NUMBER OF SHARES 7,500	CLASS/SERIES common	PAR VALUE no 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. 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 Timothy J. Kenney				Date 8/29/2017	
Signature of Authorized Representative 				FILED AUG 29 2017 BY 28649 	

MAIL TO:
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