



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 26 2018

BY

33522

Annual Report for the year: **2018**
Corporation

→ 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 15895		2. Exact name of the Corporation KIRSHENBAUM & KIRSHENBAUM Attorneys at Law, Inc.			
3. Principal Office Address 888 Reservoir Avenue		City Cranston		State RI	Zip 02910
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Practice of Law			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Christopher L. Russo			Vice-President Name Robyn K. Factor		
Street Address 60 McPartland Way			Street Address 165 Council Rock Road		
City East Greenwich	State RI	Zip 02818	City Cranston	State RI	Zip 02921
Secretary Name Jesse Nason			Treasurer Name Christopher L. Russo		
Street Address 42 Ridge Road			Street Address 60 McPartland Way		
City Scituate	State RI	Zip 02857	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Christopher L. Russo			Director Name Robyn K. Factor		
Street Address 60 McPartland Way			Street Address 165 Council Rock Road		
City East Greenwich	State RI	Zip 02818	City Cranston	State RI	Zip 02921
Director Name Jesse Nason			Director Name		
Street Address 42 Ridge Road			Street Address		
City Scituate	State RI	Zip 02857	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐			
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
833		Common		0.00	
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 Christopher L. Russo					Date 1/30/18
Signature of Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017