



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

STAMP

DEC 19 2018

BY

455

[Signature]

1. Entity ID Number 001665564		2. Exact name of the Corporation Law Offices of Kensley R. Barrett, Esq. Inc.			
3. Principal Office Address 127 Dorrance Street, Penthouse Suite			City Providence	State RI	Zip 02903
4. NAICS Code 541110	6. Brief description of the character of business conducted in Rhode Island Legal Services				
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 Kensley R. Barrett			Vice-President Name None		
Street Address 127 Dorrance Street, Penthouse Suite			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name None			Treasurer Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Kensley R. Barrett			Director Name None		
Street Address 127 Dorrance Street, Penthouse Suite			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		10000	CWP	010	
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 Kensley R. Barrett				Date 12.17.18	
Signature of Authorized Representative [Signature]					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov