

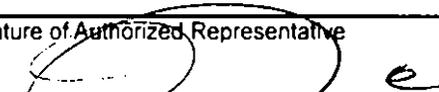


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2019**
Corporation

STATE

- 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 114284		2. Exact name of the Corporation KEOUGH & SWEENEY, LTD.				
3. Principal Office Address 41 Mendon Avenue			City Pawtucket	State RI	Zip 02861	
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island The practice of law				
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 Jerome V. Sweeney, III			Vice-President Name Joseph A. Keough, Jr.			
Street Address 41 Mendon Avenue			Street Address 41 Mendon Avenue			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861	
Secretary Name Jerome V. Sweeney, III			Treasurer Name Joseph A. Keough, Jr.			
Street Address 41 Mendon Avenue			Street Address 41 Mendon Avenue			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>						
Director Name Jerome V. Sweeney, III			Director Name Joseph A. Keough, Jr.			
Street Address 41 Mendon Avenue			Street Address 41 Mendon Avenue			
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861	
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	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		CLASS/SHARES		PAR VALUE
		100	Common	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. <i>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.</i>						
Name of Authorized Representative Jerome V. Sweeney, III				Date 01/07/19		
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED JAN 12 2019 54325		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov