



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.

Amended

1. Entity ID Number 001668857		2. Exact name of the Corporation Kirshenbaum Law Associates, Inc.			
3. Principal Office Address 1000 Chapel View Blvd., Suite 270			City Cranston	State RI	Zip 02920
4. NAICS Code 541110		6. Brief description of the character of business conducted in Rhode Island Practice of Law			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Evan M. Kirshenbaum, Esq.			Vice-President Name Evan M. Kirshenbaum, Esq.		
Street Address 1000 Chapel View Blvd., Suite 270			Street Address 1000 Chapel View Blvd., Suite 270		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Evan M. Kirshenbaum, Esq.			Treasurer Name Evan M. Kirshenbaum, Esq.		
Street Address 1000 Chapel View Blvd., Suite 270			Street Address 1000 Chapel View Blvd., Suite 270		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Evan M. Kirshenbaum, Esq.			Director Name		
Street Address 1000 Chapel View Blvd., Suite 270			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			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. 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 Evan M. Kirshenbaum, Esq.					Date 4/26/19
Signature of Authorized Representative <i>Evan M. Kirshenbaum</i>					

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

MAY 01 2019
BY *A.A. 11:32 A.M.*

FORM 630 - Revised: 10/2017



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

May 01, 2019 11:32 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

