State of Rhode Island

# Department of State - Business Services Division

**Annual Report for the year:** 2021

**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
FEB 16 2021

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| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 000114284 | KEOUGH & SWEENEY, LTD. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 41 Mendon Avenue | Pawtucket | RI | 02861 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 541110 | The 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 | Vice-President Name |
|---|---|
| Jerome V. Sweeney, III | 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** | **Treasurer Name** |
| Jerome V. Sweeney, III | 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 ☐

| Director Name | Director Name |
|---|---|
| Street Address | 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 | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** **Changes require an additional filing.** | NUMBER OF SHARES | CLASS/SERIES | 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.

***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 | Date |
|---|---|
| Jerome V. Sweeney, III | 2/10/21 |

Signature of Authorized Representative

**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: 08/2020**