RI SOS Filing Number: 202191913840 Date: 2/16/2021 4:00:00 PM

State of Rhode Island

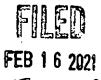
## **Department of State - Business Services Division**

## 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.



1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
000114284	KEOUGH 8	KEOUGH & SWEENEY, LTD.					
3. Principal Office Address			City	<del>-</del>	State	Zip	
41 Mendon Avenue			Pawtucket		RI	02861	
4. NAICS Code	6. Brief desci	Brief description of the character of business conducted in Rhode Island					
541110	The practice	The practice of law.					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names and a	ddresses)	<u> </u>			the box to ir	ndicate an attachment 🔲	
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 Pawtuc	ket	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	Z <sub>IP</sub> 02861	City Pawtucket		State RI	State RI Zip 02861	
8 List ALL directors (names and	addresses)	•			k the box to i	ndicate an attachment 🔲	
Director Name			Director Name				
Street Address			Street Address .				
City	State	Zip	City		State	Zıp	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
Shares Authorized 1		10. Shares Is:	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.			NUVBER OF SHARES		ES	PAR VALUE	
		100	100		Common No Par		
<ol> <li>This report must be executed trustee, this report must be executed</li> </ol>					oration is in t	the hands of a receiver or	
Under penalty of perjury, I dec	iare and affirm	that i have examin	ned this report,	including any acco	mpanying s	chedules and	
statements, and that all statem	ients contained	l herein are true ai	nd correct.				
Name of Authorized Representative     Date       Jerome V. Sweeney, III     2 10 21							
Signature of Authorized Represe	ntative					<i>t</i> .	
	4						

MAIL JO:-**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov