



State of Rhode Island

Department of State - Business Services Division

**STAMP**

FOR SECRETARY OF STATE USE ONLY

Annual Report for the year: 2023

**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED  
STATE DEPT. OF STATE

2023 MAR 14 P 12:00

1. Entity ID Number <b>001705662</b>		2. Exact name of the Corporation <b>Kenney &amp; Sams, P.C.</b>			
3. Principal Office Address <b>144 Turnpike Road 3rd Floor</b>			City <b>Southborough</b>	State <b>MA</b>	Zip <b>01772</b>
4. NAICS Code <b>541110</b>		6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN THE PRACTICE OF LAW</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Christopher A. Kenney</b>			Vice-President Name		
Street Address <b>32 Ames Road</b>			Street Address		
City <b>Sudbury</b>	State <b>MA</b>	Zip <b>01776</b>	City	State	Zip
Secretary Name <b>Christopher A. Kenney</b>			Treasurer Name <b>Michael P. Sams</b>		
Street Address <b>32 Ames Road</b>			Street Address <b>14 Crownridge Road</b>		
City <b>Sudbury</b>	State <b>MA</b>	Zip <b>01776</b>	City <b>Westborough</b>	State <b>MA</b>	Zip <b>01581</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>Christopher A. Kenney</b>			Director Name <b>Michael P. Sams</b>		
Street Address <b>32 Ames Road</b>			Street Address <b>14 Crownridge Road</b>		
City <b>Sudbury</b>	State <b>MA</b>	Zip <b>01776</b>	City <b>Westborough</b>	State <b>MA</b>	Zip <b>01581</b>
Director Name			Director Name		
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	
		<b>0 Common with 0.00 Par</b>			
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 <b>Michael P. Sams</b>				Date <b>1/31/23</b>	
Signature of Authorized Representative 				<b>FILED</b>	

**FILED**  
MAR 14 2023  
BY ML 9604D