



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2024

Corporation

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

DEC 18 2023
 BY

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	
		1000		CNP	0.00	
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 Evan M. Kirshenbaum, Esq.					Date 12/14/2023	
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