



State of Rhode Island and Providence Plantations

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.

RECEIVED STAMP
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2024 JAN -3 A 9:55

1. Entity ID Number 878638		2. Exact name of the Corporation McKenney Mechanical Contractors, Inc			
3. Principal Office Address 15 Commerce Rd			City Newtown	State CT	Zip 06470
4. NAICS Code 238220		6. Brief description of the character of business conducted in Rhode Island Plumbing, heating, Air conditioning maintenance and installation			
5. State of Incorporation Connecticut					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John McKenney			Vice-President Name Stanley McKenney		
Street Address 5 Hayward Hills Lane			Street Address 5 South Meadow Dr		
City Brookfield	State CT	Zip 06804	City Danbury	State CT	Zip 06811
Secretary Name John McKenney			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 72	CLASS/SERIES Common	PAR VALUE 0
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 Jennifer Atkinson, Accounting Manager					Date 12/26/23
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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

FILED

10:00

JAN 03 2024
BY ML 550TN

FORM 630 - Revised: 10/2017