



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDOS BSO
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1. Entity ID Number 000114284		2. Exact name of the Corporation KEOUGH & SWEENEY, LTD.	
3. Principal Office Address 41 Mendon Avenue		City Pawtucket	State RI
		Zip 02861	
4. NAICS Code 541110	6. Brief description of the character of business conducted in Rhode Island The practice of law		
5. State of Incorporation Rode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	City Pawtucket	State RI
Zip 02861		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	City Pawtucket	State RI
Zip 02861		Zip 02861	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Jerome V. Sweeney, III		Director Name Joseph A. Keough, Jr.	
Street Address 41 Mendon Avenue		Street Address 41 Mendon Avenue	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02861		Zip 02861	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized 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 100	CLASS/SERIES Common
		PAR VALUE 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 Jerome V. Sweeney, III		Date 3/19/2024	
Signature of Authorized Representative		FILED	

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

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BY ML 58379