**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.

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| 1 Entity ID Number | 2. Exact name of the Corporation | | |
|---|---|---|---|
| 000114284 | KEOUGH & SWEENEY, LTD. | | |
| 3. Principal Office Address | City | State | Zip |
| 41 Mendon Avenue | Pawtucket | RI | 02861 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | |
| 541110 | The practice of law | | |
| 5. State of Incorporation | | | |
| Rode Island | | | |

7. List ALL officers (names and addresses) — Check the box to indicate 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: Pawtucket | 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 | Zip: 02861 | City: Pawtucket | State: RI | Zip: 02861 |

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| 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 | Zip: 02861 | City: Pawtucket | State: RI | Zip: 02861 |
| Director Name: None | | | Director Name: None | | |
| Street Address: | | | Street Address: | | |
| City: | State: | Zip: | City: | State: | Zip: |

| 9. Shares Authorized | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 100 | Common | 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 | Date |
|---|---|
| Jerome V. Sweeney, III | 3/19/2024 |
| Signature of Authorized Representative | FILED |

MAR 20 2024
BY ML 58379

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

FORM 630- Revised 12/2023