



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.

**FILED**

MAY 13 2024

BY 39619  
2024

1. Entity ID Number <b>15895</b>		2. Exact name of the Corporation <b>Kirshenbaum &amp; Kirshenbaum Attorneys at Law, Inc.</b>			
3. Principal Office Address <b>117 Metro Center Blvd. Suite 1003</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>541110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Practice of Law</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Christopher L. Russo</b>			Vice-President Name <b>Robyn K. Factor</b>		
Street Address <b>60 McPartland Way</b>			Street Address <b>8 Reuben Brown Lane</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
Secretary Name <b>Jesse Nason</b>			Treasurer Name <b>Christopher L. Russo</b>		
Street Address <b>42 Ridge Road</b>			Street Address <b>60 McPartland Way</b>		
City <b>Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02886</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			833		
			common		
			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. <b>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.</b>					
Name of Authorized Representative <b>Christopher L. Russo</b>					Date <b>5/13/2024</b>
Signature of Authorized Representative 					

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