



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 13 2024

BY 39619
[Signature]

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.

1. Entity ID Number 15895		2. Exact name of the Corporation Kirshenbaum & Kirshenbaum Attorneys at Law, Inc.			
3. Principal Office Address 117 Metro Center Blvd. Suite 1003			City Warwick	State RI	Zip 02886
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 Christopher L. Russo			Vice-President Name Robyn K. Factor		
Street Address 60 McPartland Way			Street Address 8 Reuben Brown Lane		
City East Greenwich	State RI	Zip 02886	City Exeter	State RI	Zip 02822
Secretary Name Jesse Nason			Treasurer Name Christopher L. Russo		
Street Address 42 Ridge Road			Street Address 60 McPartland Way		
City Scituate	State RI	Zip 02857	City East Greenwich	State RI	Zip 02886
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			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
			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. 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 Christopher L. Russo				Date 5/13/2024	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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