



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 1658338		2. Exact name of the Corporation R. J. Kenney Associates, Inc.	
3. Principal Office Address 72 Washington Street		City Plainville	State MA
		Zip 02762	
4. NAICS Code 541330	6. Brief description of the character of business conducted in Rhode Island Building Envelope Consulting and Engineering		
5. State of Incorporation Massachusetts			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Russell M. Kenney		Vice-President Name Colleen A. Pusateri	
Street Address 72 Washington Street		Street Address 72 Washington Street	
City Plainville	State MA	City Plainville	State MA
Zip 02762		Zip 02762	
Secretary Name Colleen A. Pusateri		Treasurer Name Russell M. Kenney	
Street Address 72 Washington Street		Street Address 72 Washington Street	
City Plainville	State MA	City Plainville	State MA
Zip 02762		Zip 02762	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Todd E. Watson		Director Name Russell M. Kenney	
Street Address 72 Washington Street		Street Address 72 Washington Street	
City Plainville	State MA	City Plainville	State MA
Zip 02762		Zip 02762	
Director Name Colleen A. Pusateri		Director Name	
Street Address 72 Washington Street		Street Address	
City Plainville	State MA	City	State
Zip 02762		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 ☐	
		NUMBER OF SHARES	CLASS/SERIES
		5000	CNP
			0.0000
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 Colleen A. Pusateri		Date 5/31/24	
Signature of Authorized Representative <i>Colleen A. Pusateri</i>		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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FORM 630 - Revised 12/2023