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**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: **2023**

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 <b>1658338</b>		2. Exact name of the Corporation <b>R. J. Kenney Associates, Inc.</b>	
3. Principal Office Address <b>72 Washington Street</b>		City <b>Plainville</b>	State <b>MA</b>
		Zip <b>02762</b>	
4. NAICS Code <b>541330</b>	6. Brief description of the character of business conducted in Rhode Island <b>Building Envelope Consulting and Engineering</b>		
5. State of Incorporation <b>Massachusetts</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>Russell M. Kenney</b>		Vice-President Name <b>Colleen A. Pusateri</b>	
Street Address <b>72 Washington Street</b>		Street Address <b>72 Washington Street</b>	
City <b>Plainville</b>	State <b>MA</b>	City <b>Plainville</b>	State <b>MA</b>
Zip <b>02762</b>		Zip <b>02762</b>	
Secretary Name <b>Colleen A. Pusateri</b>		Treasurer Name <b>Russell M. Kenney</b>	
Street Address <b>72 Washington Street</b>		Street Address <b>72 Washington Street</b>	
City <b>Plainville</b>	State <b>MA</b>	City <b>Plainville</b>	State <b>MA</b>
Zip <b>02762</b>		Zip <b>02762</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 <b>Todd E. Watson</b>		Director Name <b>Russell M. Kenney</b>	
Street Address <b>72 Washington Street</b>		Street Address <b>72 Washington Street</b>	
City <b>Plainville</b>	State <b>MA</b>	City <b>Plainville</b>	State <b>MA</b>
Zip <b>02762</b>		Zip <b>02762</b>	
Director Name <b>Colleen A. Pusateri</b>		Director Name	
Street Address <b>72 Washington Street</b>		Street Address	
City <b>Plainville</b>	State <b>MA</b>	City	State
Zip <b>02762</b>		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
		<b>5000</b>	<b>CNP</b>
		PAR VALUE	<b>0.0000</b>
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>Colleen A. Pusateri</b>		Date <b>5/31/24</b>	
Signature of Authorized Representative <i>Colleen A. Pusateri</i>		<b>FILED</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2815  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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