



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 1993		2. Name of Corporation Peter J. Barrett, Inc.			
3. Street Address Principal Business Office 1328 Warwick Avenue		City Warwick	State Rhode Island	Zip 02888	
4. Business Phone No. (401) 463-9000		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Funeral Directing & Embalming					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter B. Cotter		Vice President Name Madeleine T. Cotter			
Street Address 84 Port Circle		Street Address 84 Port Circle			
City Warwick	State Rhode Island	Zip 02889	City Warwick	State Rhode Island	Zip 02889
Secretary Name Madeleine T. Cotter		Treasurer Name Peter B. Cotter			
Street Address 84 Port Circle		Street Address 84 Port Circle			
City Warwick	State Rhode Island	Zip 02889	City Warwick	State Rhode Island	Zip 02889
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter B. Cotter		Director Name (none)			
Street Address 84 Port Circle		Street Address (none)			
City Warwick	State Rhode Island	Zip 02889	City (none)	State (none)	Zip (none)
Director Name Madeleine T. Cotter		Director Name (none)			
Street Address 84 Port Circle		Street Address (none)			
City Warwick	State Rhode Island	Zip 02889	City (none)	State (none)	Zip (none)
9. SHARES AUTHORIZED 100 NO PAR VALUE		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ ISSUED SHARES --- THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares		Class/Series	Par Value
		12 Shares			No Par Value

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.

FILED

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By

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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.

Signature **Peter B. Cotter** Date **6/15/2009**

Print or Type Name **Peter B. Cotter**

Title **President**

File Date _____
Check No. _____
By: _____
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