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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
1993	PETER J. BARRETT, INC.

3. Principal office address	City	State	Zip
1328 Warwick Avenue	Warwick	RI	02888

4. Business Phone No.	5. State of Incorporation
(401) 463-9000	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Funeral Directing & Embalming

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Peter B. Cotter	84 Port Circle	Warwick	RI	02889

Vice-President Name	Street Address	City	State	Zip
Madeleine T. Cotter	84 Port Circle	Warwick	RI	02889

Secretary Name	Street Address	City	State	Zip
Madeleine T. Cotter	84 Port Circle	Warwick	RI	02889

Treasurer Name	Street Address	City	State	Zip
Peter B. Cotter	84 Port Circle	Warwick	RI	02889

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Peter B. Cotter	84 Port Circle	Warwick	RI	02889

Director Name	Street Address	City	State	Zip
Madeleine T. Cotter	84 Port Circle	Warwick	RI	02889

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED
100 NO PAR VALUE
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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
12 SHARES		NO PAR VALUE

2014 MAR -3 PM 1:10 SECRETARY OF STATE CORPORATIONS DIV.

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
MAR 0 3 2014
BY CM 218924

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.

Peter B. Cotter 3/1/2014
Signature of Authorized Representative Date

Peter B. Cotter, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
103521-2-950433