



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 2724		2. Exact name of the Corporation RUSSELL J. BOYLE & SON FUNERAL HOME, INC.			
3. Principal Office Address 331 Smith Street		City Providence		State RI	Zip
4. NAICS Code 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island ownership and operation of funeral home			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas C. Boyle			Vice-President Name		
Street Address 331 Smith Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Helen M. Boyle			Treasurer Name Thomas C. Boyle		
Street Address 331 Smith Street			Street Address 331 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Thomas C. Boyle			Director Name Helen M. Boyle		
Street Address 331 Smith Street			Street Address 331 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
90		Common		No Par Value	
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 Thomas C. Boyle				Date 1/12/2017	
Signature of Authorized Representative <i>Thomas C Boyle</i>				SIGN DOCUMENT HERE 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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BY **93993**

FORM 630 - Revised: 10/2016