



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 64176		2. Exact name of the Corporation Cremation Services of New England, Inc.			
3. Principal Office Address 571 West Greenville Road (P.O. Box 216)			City Scituate	State RI	Zip 02857
4. NAICS Code 81		6. Brief description of the character of business conducted in Rhode Island Cremation of Human Bodies			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John F. Winfield, Jr.			Vice-President Name None		
Street Address 571 West Greenville Road, (P.O. Box 216)			Street Address		
City Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name John F. Winfield, Jr.			Treasurer Name John F. Winfield, Jr.		
Street Address 571 West Greenville Road, (P.O. Box 216)			Street Address 571 West Greenville Road, (P.O. Box 216)		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John F. Winfield, Jr.			Director Name		
Street Address 571 West Greenville Road, (P.O. Box 216)			Street Address		
City Scituate	State RI	Zip 02857	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	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 John F. Winfield, Jr.				Date 2-28-17	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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BY

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FORM 630 - Revised: 02/2017