



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

2017

→ 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 43006		2. Exact name of the Corporation Winfield & Sons, Inc.	
3. Principal Office Address 571 West Greenville Road (P.O. Box 216)		City Scituate	State RI
4. NAICS Code 81		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Arranging for funerals, burials, and cremations of human bodies; sale of insurance.			
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	
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	
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 100	
		CLASS/SERIES Common	
		PAR VALUE 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

MAR 02 2017

FORM 630 - Revised: 02/2017

BY 03962805