



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JAN 25 2018 AMP

Annual Report for the year: **2018**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

BY Solo

1. Entity ID Number 12239		2. Exact name of the Corporation William J. Smith & Son, Inc.			
3. Principal Office Address 8 School House Road			City Warren	State RI	Zip 02885
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island Funeral services.			
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 Rosemary C. Alden			Vice-President Name Catherine Ann Tattrie		
Street Address 8 School House Road			Street Address 8 School House Road		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		
			CLASS/SERIES		
			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 Rosemary C. Alden					Date 1-16-18
Signature of Authorized Representative <i>Rosemary C. Alden</i>					SIGN DOCUMENT HERE

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