State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

1. Entity ID Number	2. Exact name of the Corporation			
142986	GRIFFIN PRE-NEED SOLUTIONS, INC.			
3. Principal Office Address		City	State	Zip
903 PROVIDENCE PLACE, UNIT 337		PROVIDENCE	RI	02903
4. NAICS Code , an	6. Brief description of the character of business conducted in Rhode Island			
	TO PROVIDE CONSULTING SERVICES TO FUNERAL HOMES			
5. State of Incorporation	812210			
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name KENNETH A.R. HUGHES			Vice-President Name KENNETH A.R. HUGHES		
Street Address 903 PROVIDENCE PLACE, UNIT 337			Street Address 903 PROVIDENCE PLACE, UNIT 337		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name KENNETH A.R. HUGHES			Treasurer Name KENNETH A.R. HUGHES		
Street Address 903 PROVIDENCE PLACE, UNIT 337			Street Address 903 PROVIDENCE PLACE, UNIT 337		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100	COMMON	NO PAR
Changes require an additional filing.			

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	Date
KENNETH A.R. HUGHES, PRESIDENT	2-1-18

Signature of Authorized Representative: Kenneth A.R. Hughes

FILED

FEB 08 2018

BY SSY DS

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

FORM 630 - Revised: 10/2016