



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.

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SECRETARY OF STATE
CORPORATIONS DIV
2018 MAR -5 AM 10:32

1. Entity ID Number 120587		2. Exact name of the Corporation Barbara E. Coelho Funeral Home, Inc			
3. Principal Office Address 128 Alabama Ave		City Providence		State RI	Zip 02905
4. NAICS Code 85321		6. Brief description of the character of business conducted in Rhode Island To Engage in funeral service to operate a licensed establishment, including cremation services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Barbara E. Coelho			Vice-President Name		
Street Address 128 Alabama Avenue			Street Address		
City Prov	State RI	Zip 02905	City	State	Zip
Secretary Name Traci C. Jones			Treasurer Name Barbara E. Coelho		
Street Address 128 Alabama Ave			Street Address 128 Alabama Ave		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name none			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 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 8,000 10,000	CLASS/SERIES Common	PAR VALUE 0.01
			none		
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 March 5, 2018
Signature of Authorized Representative Barbara E. Coelho					

MAR 05 2018

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