



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
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 65112		2. Exact name of the Corporation JFH Trade Service Co. <i>mpary</i>			
3. Principal Office Address 1100 New London Avenue		City Cranston		State RI	Zip 02920
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island Funeral Parlor			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael D. Smith			Vice-President Name Adam G. Smith		
Street Address 26 Sandro Drive			Street Address 70 Waycross Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02888
Secretary Name Michael D. Smith			Treasurer Name Michael D. Smith		
Street Address 26 Sandro Drive			Street Address 26 Sandro Drive		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael D. Smith			Director Name Robert N. Smith		
Street Address 26 Sandro Drive			Street Address 28388 Hidden Lake Drive		
City Warwick	State RI	Zip 02886	City Bonita Springs	State FL	Zip 34134
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
			100		Common
					PAR VALUE
					No Par
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 Michael D. Smith					Date
Signature of Authorized Representative <i>Michael D. Smith, Pres.</i> SIGN DOCUMENT HERE					

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

FILED
 DEC 10 2018
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