



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.

FILED

STAMP
DEC 31 2018BY AOE: 4329

1. Entity ID Number 488373		2. Exact name of the Corporation Iannotti Funeral Home, Inc.			
3. Principal Office Address 415 Washington Street			City Coventry,	State RI	Zip 02816
4. NAICS Code 423850		6. Brief description of the character of business conducted in Rhode Island Funeral Home			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Robert A. Iannotti, Jr.			Vice-President Name Kim D. Iannotti		
Street Address 81 Valentine Circle			Street Address 81 Valentine Circle		
City Warwick,	State RI	Zip 02886	City Warwick,	State RI	Zip 02886
Secretary Name Kim D. Iannotti			Treasurer Name Robert A. Iannotti, Jr.		
Street Address 81 Valentine Circle			Street Address 81 Valentine Circle		
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 ☐					
Director Name Robert A. Iannotti, Jr.			Director Name		
Street Address 81 Valentine Circle			Street Address		
City Warwick,	State RI	Zip 02886	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARE'S		
			CLASS/SERIES		
			PAR VALUE		
			Common		
			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 Robert A. Iannotti, Jr., President					Date 12/20/2018
Signature of Authorized Representative <i>Robert A. Iannotti, Jr.</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.ri.gov

FORM 630 - Revised: 10/2016