

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

JAN 30 2019

BY

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1. Entity ID Number 93116		2. Exact name of the Corporation William W. Tripp Funeral Home, Inc.									
3. Principal Office Address 1008 Newport Avenue			City Pawtucket	State RI	Zip 02861						
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island Practice of profession of a funeral home.									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Daniel A. Laneres			Vice-President Name Michael S. Sladen								
Street Address 1008 Newport Avenue			Street Address 1008 Newport Avenue								
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861						
Secretary Name Michael S. Sladen			Treasurer Name Daniel A. Laneres								
Street Address 1008 Newport Avenue			Street Address 1008 Newport Avenue								
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Daniel A. Laneres			Director Name Michael S. Sladen								
Street Address 1008 Newport Avenue			Street Address 1008 Newport Avenue								
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861						
Director Name None			Director Name None								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	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 Daniel A. Laneres, President					Date						
Signature of Authorized Representative 					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