



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
STAMP

2019 FEB 14 PM 1:48

1. Entity ID Number 000004386		2. Exact name of the Corporation Charles Coelho Funeral Home Inc.			
3. Principal Office Address 151 Cross Street			City Central Falls	State RI	Zip 02863
4. NAICS Code 812210	6. Brief description of the character of business conducted in Rhode Island Funeral Services including but not limited to traditional burials and cremations				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Charles Coelho			Vice-President Name William H. Jackson		
Street Address 151 cross Street			Street Address 151 Cross St.		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Secretary Name William H. Jackson			Treasurer Name Charles Coelho		
Street Address 151 cross Street			Street Address 151 Cross Street		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Charles Coelho			Director Name		
Street Address same as above			Street Address		
City	State	Zip	City	State	Zip
Director Name William H. Jackson			Director Name		
Street Address same as above			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		
			PAR VALUE		
			300		
			no par common		
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 Charles Coelho				Date Feb. 14, 2019	
Signature of Authorized Representative <i>Charles Coelho</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

FEB 14 2019

FORM 630 - Revised: 10/2017

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