



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

2019 FEB 28 PM 2:00

1. Entity ID Number 14745		2. Exact name of the Corporation KEEFE FUNERAL HOME, INC.			
3. Principal Office Address c/o JOSEPH RAHEB, ESQ., 650 GEORGE WASHINGTON HWY.			City LINCOLN	State RI	Zip 02865
4. NAICS Code 812220		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 <input type="checkbox"/>					
President Name THOMAS H. KEEFE			Vice-President Name THOMAS H. KEEFE		
Street Address P.O. BOX 95 5 HIGGINSON AVE			Street Address P.O. BOX 95 5 HIGGINSON AVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Secretary Name THOMAS H. KEEFE			Treasurer Name THOMAS H. KEEFE		
Street Address P.O. BOX 95 5 HIGGINSON AVE			Street Address P.O. BOX 95 5 HIGGINSON AVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name THOMAS H. KEEFE			Director Name NONE		
Street Address P.O. BOX 95 5 HIGGINSON AVE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name NONE			Director Name NONE		
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	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 THOMAS H. KEEFE					Date 2-1-19
Signature of Authorized Representative 					Stamp: 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 28 2019

FORM 630 - Revised: 10/2017

BY KXHSY