



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

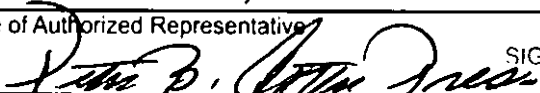
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

SECRETARY OF STATE
CORPORATIONS DIV

2019 JUN -7 PM 3:17

| 1. Entity ID Number 1993 | | 2. Exact name of the Corporation PETER J. BARRETT, INC. | | | | | | | | | | | | |
|---|--------------------|---|--|-----------------------------|---------------------|------------------|--------------|-----------|------------------|--|---------------------|--|--|--|
| 3. Principal Office Address 1328 Warwick Avenue | | | City Warwick | State RI | Zip 02888 | | | | | | | | | |
| 4. NAICS Code 812210 | | 6. Brief description of the character of business conducted in Rhode Island Funeral Directing & Embalming | | | | | | | | | | | | |
| 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 Peter B. Cotter | | | Vice-President Name Madeleine T. Cotter | | | | | | | | | | | |
| Street Address 84 Port Circle | | | Street Address 84 Port Circle | | | | | | | | | | | |
| City Warwick | State RI | Zip 02889 | City Warwick | State RI | Zip 02889 | | | | | | | | | |
| Secretary Name Madeleine T. Cotter | | | Treasurer Name Peter B. Cotter | | | | | | | | | | | |
| Street Address 84 Port Circle | | | Street Address 84 Port Circle | | | | | | | | | | | |
| City Warwick | State RI | Zip 02889 | City Warwick | State RI | Zip 02889 | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name Peter B. Cotter | | | Director Name Madeleine T. Cotter | | | | | | | | | | | |
| Street Address 84 Port Circle | | | Street Address 84 Port Circle | | | | | | | | | | | |
| City Warwick | State RI | Zip 02889 | City Warwick | State RI | Zip 02889 | | | | | | | | | |
| Director Name | | | Director Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 9. Shares Authorized This information is currently of record in the Department of State. 100 NO PAR VALUE 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>12 SHARES</td> <td></td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 12 SHARES | | NO PAR VALUE | | | |
| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | | | | |
| 12 SHARES | | 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 Peter B. Cotter, President | | | | Date June 6, 2019 | | | | | | | | | | |
| 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

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BY

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FORM 630 - Revised: 10/2017