RI SOS Filing Number: 202032218150 Date: 1/13/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2020

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	
JAN 13 2020	•
BY_27821	

Penalty: Additional \$25.00     Entity ID Number		• .	20				
41300		2. Exact name of the Corporation					
_	Anderson-Winfield Funeral Home, Inc.    City   State   Zip						
Principal Office Address	ress				State	Zip	
2 Church Street, Rt. 44 Greenville Common			Smithfield		RI	02828	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island						
812210	Funeral Services Provided						
5. State of Incorporation	7						
Rhode Island	1						
7. List ALL officers (names and a	ddresses)				the box to in	dicate an attachment 🔲	
President Name Thomas Winfield				Vice-President Name Charlene Winfield Capuano			
Street Address 4 Church Street	Street Address	Street Address P.O. Box 604					
City Smithfield	State RI	Zip <b>02917</b>	City Greenvi	City Greenville		State RI Zip 02828	
Secretary Name		Treasurer Name					
Street Address			Street Address	Street Address			
City	State	Zip	City	City		Zip	
8. List ALL directors (names and	addresses)		1	Check	the box to in	dicate an attachment	
Director Name							
Street Address			Street Address	Charles Addings			
oneer Address			Silver Address	•			
City	State	Zip	City		State	Zıp	
Director Name			Director Name	Director Name			
Street Address			Street Address				
Sileet Address			Street Address				
City	State	Zip	City		State	Zip	
9 Shares Authorized		10. Shares Is				dicate an attachment 🔲	
This information is currently of record in the Department of State.			OF SHARES CLASS/SERIES		s I		
•		600		COMMON		NONE	
Changes require an additional filin	g.	_					
11. This report must be executed	on behalf of the	corporation by an	authorized repres	Isentative. If the corpo	ration is in t	he hands of a receiver or	
trustee, this report must be execu	ited on behalf of	the corporation by	the receiver or tr	rustee.			
Under penalty of perjury, I deci statements, and that all statem				ncluding any accor	npanying so	hedules and	
Name of Authorized Representat	To correct.	Date					
Thomas Winfield, President	/VX	MLY	<i>!</i>				
Signature of Authorized Represer	ntative	SIGNIDA	OCUMENT HERE	<del> </del>	. •		
			JODWENS NEKE				

Phone: (401) 222-3040 Website: www.sos.ri.gov