



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

FILED

JAN 27 2020

BY 17283

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.

1. Entity ID Number 000002724		2. Exact name of the Corporation Russell J. Boyle & Son Funeral Home, Inc.			
3. Principal Office Address 331 Smith Street		City Providence		State RI	Zip 02908
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island Ownership and operation of a 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 C. Boyle			Vice-President Name Helen M. Boyle		
Street Address 331 Smith Street			Street Address 331 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Helen M. Boyle			Treasurer Name Thomas C. Boyle		
Street Address 331 Smith Street			Street Address 331 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name Thomas C. Boyle			Director Name Helen M. Boyle		
Street Address 331 Smith Street			Street Address 331 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name			Director Name		
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"/>			
		NUMBER OF SHARES 90		CLASS/SERIES 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 C. Boyle, President				Date 1/22/20	
Signature of Authorized Representative <i>Thomas C. Boyle, Pres</i>					

MAIL TO:
 Division of Business Services
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