



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

FILED

Annual Report for the year: 2020
Corporation

JAN 29 2020

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY SSS DS

1. Entity ID Number <u>120587</u>		2. Exact name of the Corporation <u>Barbara E. Coelho Funeral Home, Inc.</u>	
3. Principal Office Address <u>128 Alabama Avenue</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02905</u>	
4. NAICS Code <u>551112</u>	6. Brief description of the character of business conducted in Rhode Island <u>To engage in Funeral Service and to operate within a licensed establishment including cremation services.</u>		
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Barbara E. Coelho</u>		Vice President Name	
Street Address <u>128 Alabama Avenue</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	
Secretary Name <u>Traci C. Gomes</u>		Treasurer Name <u>Barbara E. Coelho</u>	
Street Address <u>128 Alabama Avenue</u>		Street Address <u>128 Alabama Ave</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City <u>Providence</u>
			State <u>RI</u>
			Zip <u>02905</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>none</u>		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
10. Shares Issued		NUMBER OF SHARES	
This information is currently of record in the Department of State.		CLASS/SERIES	
Changes require an additional filing.		PAR VALUE	
		<u>8,000</u>	
		<u>Common</u>	
		<u>0.01</u>	
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 <u>Barbara E. Coelho</u>			Date <u>1-22-2020</u>
Signature of Authorized Representative <u>Barbara E. Coelho</u>			