



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.

FILE

JAN 29 2020

BY SSS DS

|   |   |   |                          |
|---|---|---|--------------------------|
| 1. Entity ID Number<br><u>120587</u>  |   | 2. Exact name of the Corporation<br><u>Barbara E. Coelho Funeral Home, Inc.</u> |                          |
| 3. Principal Office Address<br><u>128 Alabama Avenue</u>  |   | City<br><u>Providence</u>   | State<br><u>RI</u>       |
|   |   | Zip<br><u>02905</u>   |                          |
| 4. NAICS Code<br><u>551112</u>  | 6. Brief description of the character of business conducted in Rhode Island<br><u>To engage in Funeral Service and to operate within a licensed establishment including cremation services.</u> |   |                          |
| 5. State of Incorporation<br><u>RI</u>  |   |   |                          |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |                          |
| President Name<br><u>Barbara E. Coelho</u>  |   | Vice President Name   |                          |
| Street Address<br><u>128 Alabama Avenue</u>   |   | Street Address  |                          |
| City<br><u>Providence</u>   | State<br><u>RI</u>  | Zip<br><u>02905</u>   |                          |
| Secretary Name<br><u>Iraci C. Gomes</u>   |   | Treasurer Name<br><u>Barbara E. Coelho</u>                                      |                          |
| Street Address<br><u>128 Alabama Avenue</u>   |   | Street Address<br><u>128 Alabama Ave</u>  |                          |
| City<br><u>Providence</u>   | State<br><u>RI</u>  | Zip<br><u>02905</u>   |                          |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |   |                          |
| Director Name<br><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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |                          |
| 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<br><u>8,000</u>  |   | CLASS/SERIES<br><u>Common</u>   | PAR VALUE<br><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<br><u>Barbara E. Coelho</u>   |   |   | Date<br><u>1-22-2020</u> |
| Signature of Authorized Representative<br><u>Barbara E. Coelho</u>  |   |   |                          |

MAIL TO:

Division of Business Services

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