



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

FILED

JAN 30 2020

3349

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 17473 | | 2. Exact name of the Corporation Perry-McStay Funeral Home, Inc. | | | |
| 3. Principal Office Address 2555 Pawtucket Avenue | | | City East Providence | State RI | Zip 02914 |
| 4. NAICS Code 812210 | | 6. Brief description of the character of business conducted in Rhode Island Funeral Services | | | |
| 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 Paul J. Martin | | | Vice-President Name Paul J. Martin | | |
| Street Address 2555 Pawtucket Avenue | | | Street Address 2555 Pawtucket Avenue | | |
| City East Providence | State RI | Zip 02914 | City East Providence | State RI | Zip 02914 |
| Secretary Name Paul J. Martin | | | Treasurer Name Paul J. Martin | | |
| Street Address 2555 Pawtucket Avenue | | | Street Address 2555 Pawtucket Avenue | | |
| City East Providence | State RI | Zip 02914 | City East Providence | State RI | Zip 02914 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name NONE | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. Shares Authorized | | | 10. Shares Issued 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. | | | NUMBER OF SHARES | | CLASS/SERIES |
| | | | 19 | | Common |
| | | | | | PAR VALUE |
| | | | | | 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 Paul J. Martin, President | | | | Date Jan 27, 2020 | |
| Signature of Authorized Representative <i>Paul J. Martin</i> | | | 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