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

FILED
JUN 08 2020
BY 1056

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	2. Exact name of the Corporation			
000004493	Colony Casket Inc.			
3. Principal Office Address		City	State	Zip
14 Noto Drive		North Providence	RI	02904
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
321991	manufacturing & Sale of Caskets			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Marisa DeConcilis		Director Name		
Street Address	14 Noto Drive		Street Address		
City	State	Zip	City	State	Zip
North Providence	RI	02904			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued 100 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
45.00	CNPA	$0.00
855.00	CNPB	$0.00

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	Date
Marisa DeConcilis	6-1-20

Signature of Authorized Representative: Marisa DeConcilis

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 02/2017