



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.

FILED

JUN 08 2020

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1. Entity ID Number <u>000004493</u>		2. Exact name of the Corporation <u>Colony Casket Inc.</u>			
3. Principal Office Address <u>14 NOTO DRIVE</u>		City <u>NORTH PROVIDENCE</u>		State <u>RI</u>	Zip <u>02904</u>
4. NAICS Code <u>321991</u>		6. Brief description of the character of business conducted in Rhode Island <u>manufacturing & Sale of Caskets</u>			
5. State of Incorporation <u>Rhode Island</u>					
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 <u>MARISA DeConcilis</u>			Director Name		
Street Address <u>14 NOTO DRIVE</u>			Street Address		
City <u>North Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
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 <u>100</u> Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			<u>45.00</u>	<u>CNPA</u>	<u>\$0.00</u>
			<u>855.00</u>	<u>CNPB</u>	<u>\$0.00</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>MARISA DeConcilis</u>					Date <u>6-1-20</u>
Signature of Authorized Representative <u>MARISA DeConcilis</u>					3 ON DOCUMENT HERE