

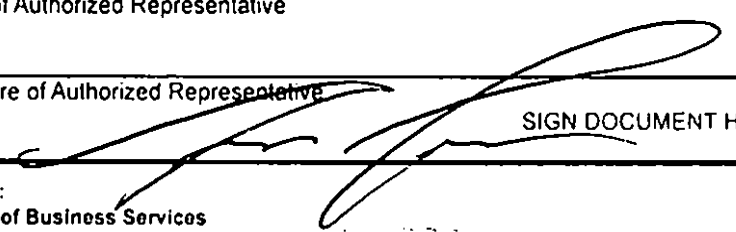


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2021**
Corporation

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

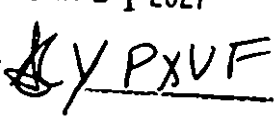
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BUS SVCS DIV
2020 DEC 31 PM 2:41

1. Entity ID Number 000012203		2. Exact name of the Corporation Smith-Mason Funeral Home, Inc.										
3. Principal Office Address 398 Willett Avenue		City Riverside	State RI									
		Zip 02915										
4. NAICS Code 812210	6. Brief description of the character of business conducted in Rhode Island Funeral home & funeral services											
5. State of Incorporation Rhode Island												
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐												
President Name Robert E. Mason		Vice-President Name Mark E. Mason										
Street Address 398 Willett Avenue		Street Address 398 Willett Avenue										
City	State	City	State									
Secretary Name Mark E. Mason		Treasurer Name Mark E. Mason										
Street Address 398 Willett Avenue		Street Address 398 Willett Avenue										
City	State	City	State									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐												
Director Name NONE		Director Name										
Street Address		Street Address										
City	State	City	State									
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>350</td> <td>Preferred Stock</td> <td>\$300.00</td> </tr> <tr> <td>0</td> <td>Common Stock</td> <td>\$0.00 - NO PAR</td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	350	Preferred Stock	\$300.00	0	Common Stock	\$0.00 - NO PAR
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
350	Preferred Stock	\$300.00										
0	Common Stock	\$0.00 - NO PAR										
Changes require an additional filing.												
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 12-23-2020									
Signature of Authorized Representative 												
SIGN DOCUMENT HERE FILED												

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