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

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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.

1. Entity ID Number	2. Exact name of the Corporation			
000012203	Smith-Mason Funeral Home, Inc.			
3. Principal Office Address		City	State	Zip
398 Willett Avenue		Riverside	RI	02915
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812210	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	Zip	City	State	Zip
Secretary Name: Mark E. Mason			Treasurer Name: Mark E. Mason		
Street Address: 398 Willett Avenue			Street Address: 398 Willett Avenue		
City	State	Zip	City	State	Zip

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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	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 ☐

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

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
350	Preferred Stock	$300.00
0	Common Stock	$0.00 - NO PAR

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**

JAN 21 2021 3:38

BY KYPXVF

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: 10/2017