



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

STP 100

- 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 75904		2. Exact name of the Corporation Michael S. Sladen, Inc.					
3. Principal Office Address 1008 Newport Avenue				City Pawtucket		State RI	Zip 02861
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island Funeral Service					
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 Michael S. Sladen				Vice-President Name Daniel A. Laneres			
Street Address 1008 Newport Avenue				Street Address 1008 Newport Avenue			
City Pawtucket		State RI	Zip 02861	City Pawtucket		State RI	Zip 02861
Secretary Name Michael S. Sladen				Treasurer Name Daniel A. Laneres			
Street Address 1008 Newport Avenue				Street Address 1008 Pawtucket Avenue			
City Pawtucket		State RI	Zip 02861	City Pawtucket		State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Michael S. Sladen				Director Name Daniel A. Laneres			
Street Address 1008 Newport Avenue				Street Address 1008 Newport Avenue			
City Pawtucket		State RI	Zip 02861	City Pawtucket		State RI	Zip 02861
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		PAR VALUE
			200				NONE
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 MICHAEL S. SLADEN						Date 01/25/2021	
Signature of Authorized Representative <i>Michael S Sladen</i>						FILED	

JAN 28 2021

KM

BY 2538