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State of Rhode Island

Department of State - Business Services Division

FILED

FEB 04 2021

BY

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
93116	William W. Tripp Funeral Home, Inc.

3. Principal Office Address	City	State	Zip
1008 Newport Avenue	Pawtucket	RI	02861

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812210	Practice of Profession of a Funeral Home
5. State of Incorporation: Rhode Island	

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

President Name: Daniel A. Laneres	Vice-President Name: Michael S. Sladen
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 Newport 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 ☐

Director Name: Daniel A. Laneres	Director Name: Michael S. Sladen
Street Address: 1008 Newport Avenue	Street Address: 1008 Newport Avenue
City: Pawtucket, State: RI, Zip: 02861	City: Pawtucket, State: RI, Zip: 02861
Director Name: None	Director Name: None
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	No Par Value

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
Daniel A. Laneres	

Signature of Authorized Representative: X Daniel A. Laneres

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: 08/2020