RI SOS Filing Number: 202191844900 Date: 2/16/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

FEB 16 2021

BY 47829

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		
8769	GAFFNEY-DOLAN FUNERAL HOME, INC.		
3. Principal Office Address	City	State	Zip
59 Spruce Street	Westerly	RI	02891
4. NAICS Code: 812210	6. Brief description of the character of business conducted in Rhode Island: GENERAL FUNERAL BUSINESS		
5. State of Incorporation: RI			

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

President Name: EDWARD J. DOLAN			Vice-President Name: A. BARBARA DOLAN		
Street Address: 59 Spruce Street			Street Address: 59 Spruce Street		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891
Secretary Name: A. BARBARA DOLAN			Treasurer Name: A. BARBARA DOLAN		
Street Address: 59 Spruce Street			Street Address: 59 Spruce Street		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891

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

Director Name: EDWARD J. DOLAN			Director Name: A. BARBARA DOLAN		
Street Address: 59 Spruce Street			Street Address: 59 Spruce Street		
City: Westerly	State: RI	Zip: 02891	City: Westerly	State: RI	Zip: 02891
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	Common	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
Edward J. Dolan	2/9/21

Signature of Authorized Representative: Edward J. Dolan

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