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	6. Brief description of the character of business conducted in Rhode Island
812210	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

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

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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: Edward J. Dolan

Date: 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