RI SOS Filing Number: 202193270770 Date: 2/26/2021 4:00:00 PM

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

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BUS SVCS DIV
2021 FEB 26 AM 8:58

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 1st

1. Entity ID Number	2. Exact name of the Corporation			
001693641	Hoey-Arpin-Williams-King Funeral Home, Inc.			
3. Principal Office Address		City	State	Zip
168 Academy Avenue		Providence	RI	02908
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812210	Funeral home and cremation services.			
5. State of Incorporation				
RHODE ISLAND				

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

President Name: David Gill			Vice-President Name: David Gill		
Street Address: 4 Chloe Court			Street Address: 4 Chloe Court		
City: Coventry	State: RI	Zip: 02816	City: Coventry	State: RI	Zip: 02816
Secretary Name: David Gill			Treasurer Name: David Gill		
Street Address: 4 Chloe Court			Street Address: 4 Chloe Court		
City: Coventry	State: RI	Zip: 02816	City: Coventry	State: RI	Zip: 02816

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	1000	COMMON	NO PAR VALUE
Changes require an additional filing.			

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
David Gill	2/21/2021

Signature of Authorized Representative: David Gill

FILED
FEB 26 2021
BY 1053

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