



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

FILED

MAR 17 2021

BY 21952

1. Entity ID Number 33415		2. Exact name of the Corporation The Stapleton-Barry-Holdredge Funeral Home, Inc.			
3. Principal Office Address 684 Park Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 812210	6. Brief description of the character of business conducted in Rhode Island Funeral home				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name James H. Stapleton			Vice-President Name None		
Street Address 684 Park Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Jane A. Stapleton			Treasurer Name Jane A. Stapleton		
Street Address 684 Park Avenue			Street Address 684 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
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 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 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 James H. Stapleton					Date MARCH 11 , 2021
Signature of Authorized Representative 					SIGN DOCUMENT HERE

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