RI SOS Filing Number: 202100992960 Date: 9/3/2021 3:09:00 PM

State of Rhode Island

Department of State - Business Services Division

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2021 SEP -3 PM 3:07

Annual Report for the year: 2019

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
000002309	V.J. Berarducci & Sons Inc.

3. Principal Office Address	City	State	Zip
185 Spring Street	Woonsocket	RI	02895

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812210	Funeral Services
5. State of Incorporation	
Rhode Island	

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

President Name	Vice-President Name
Annette Berarducci	
Street Address: 185 Spring Street	Street Address:
City: Woonsocket, State: RI, Zip: 02895	City: , State: , Zip:
Secretary Name: Annette Berarducci	Treasurer Name: Annette Berarducci
Street Address: 185 Spring Street	Street Address: 185 Spring Street
City: Woonsocket, State: RI, Zip: 02895	City: Woonsocket, State: RI, Zip: 02895

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

Director Name	Director Name
Annette Berarducci	
Street Address: 185 Spring Street	Street Address:
City: Woonsocket, State: RI, Zip: 02895	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 ☐

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

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
51	CNP	$1,000

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
Annette Berarducci	August 27, 2021

Signature of Authorized Representative

Annette Berarducci

FILED

SEP 03 2021

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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