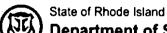
RI SOS Filing Number: 202100992960 Date: 9/3/2021 3:09:00 PM



Department of State - Business Services Division

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.					7 ⁷ / ₃ .		
1. Entity ID Number 000002309		2. Exact name of the Corporation V.J. Berarducci & Sons Inc.					
Principal Office Address Spring Street			City Woonsock	City Woonsocket		Zip 02895	
4. NAICS Code 812210 5. State of Incorporation		6. Brief description of the character of business conducted in Rhode Island Funeral Services					
Rhode Island							
7. List ALL officers (names an	d addresses)			Che	eck the box to ind	licate an attachment	
President Name Annette Bera	Vice-President Name						
Street Address 185 Spring St	Street Address						
^{City} Woonsocket	State RI	^{Žip} 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 a	ind addresses)		1	Che	eck the box to inc	licate an attachment 🔲	
Director Name Annette Berar	ducci		Director Nam	ne	•		
Street Address 185 Spring Str			Street Addre	ss			
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 Iss	10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the		NUMBER C		CLASS/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		51	51			\$1,000	
Changes require an additional	miing. 						
 This report must be executive trustee, this report must be ex 					orporation is in th	e hands of a receiver or	
Under penalty of perjury, I d	leclare and affirm	that I have examin	ed this report,		companying sci	nedules 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 Repri	esentative			FILED	•		
1 mile	\= revalle	ــــعـــــــــــــــــــــــــــــــــ		IILLU			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 0 3 2021