



State of Rhode Island  
**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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 SEP 29 PM 2:44

1. Entity ID Number <b>000004386</b>		2. Exact name of the Corporation <b>Charles Coelho Funeral Home Inc.</b>			
3. Principal Office Address 151 Cross Street		City Central Falls		State RI	Zip 02863
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island Funeral Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Charles Coelho		Vice-President Name William H. Jackson			
Street Address 151 Cross Street		Street Address 151 cross Street			
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
Secretary Name Willaima H. Jackson		Treasurer Name Charles Coelho			
Street Address 151 cross Street		Street Address 151 cross Street			
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Charles Coelho		Director Name			
Street Address 151 Cross Street		Street Address			
City Central Falls	State RI	Zip 02863	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		No Parr Com	0
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. <b>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.</b>					
Name of Authorized Representative Charles Coelho				Date 08/27/2021	
Signature of Authorized Representative 				<b>FILED</b>	