



State of Rhode Island
Department of State - Business Services Division

FILED

STAMP

Annual Report for the year: 2021
Limited Liability Company

OCT 20 2021

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

BY [Signature]

1. Entity ID Number <u>924139</u>		2. Exact Name of the Limited Liability Company <u>WESTERN HILLS CREMATORY LLC</u>			
3. NAICS Code <u>812220</u>		4. Brief description of the character of business conducted in Rhode Island <u>CREMATION OF HUMAN REMAINS</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>933 SEVEN MILE RD</u>		City <u>HOPE</u>	State <u>RI</u>	Zip <u>02831</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>JOSEPH P. LOSA</u>		Contact Title <u>OWNER</u>			
Street Address <u>933 SEVEN MILE RD</u>		City <u>HOPE</u>	State <u>RI</u>	Zip <u>02831</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City		City			
State		State			
Zip		Zip			
Manager Name		Manager Name			
Street Address		Street Address			
City		City			
State		State			
Zip		Zip			
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. Check the box to indicate an attachment <input type="checkbox"/>					
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 Person <u>JOSEPH P. LOSA</u>				Date <u>10-17-21</u>	
Signature of Authorized Person <u>[Signature]</u>					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2315
Phone: (401) 222-3040
Website: www.sos.ri.gov