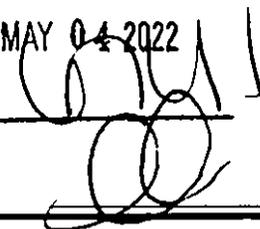




State of Rhode Island
Department of State - Business Services Division

FILED

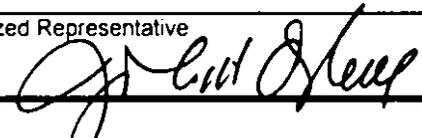
MAY 04 2022

BY 

Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 143782		2. Exact name of the Corporation P-O Funeral Home, Inc.			
3. Principal Office Address 220 Cottage Street			City Pawtucket	State RI	Zip 02860
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island The operation of a funeral home, caretaker, cremation and other similar funeral services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John H. O'Neill			Vice-President Name John H. O'Neill		
Street Address 220 Cottage Street			Street Address same as above		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name John H. O'Neill			Treasurer Name John H. O'Neill		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			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 John H. O'Neill, President					Date 4/28/2022
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov