



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entry ID Number 000006869		2. Exact name of the Corporation MANNING-HEFFERN, INC.	
3. Principal Office Address 68 BROADWAY		City PAWTUCKET	State RI
		Zip 02860	
4. NAICS Code 812210	6. Brief description of the character of business conducted in Rhode Island FUNERAL HOME		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RAYMOND E. WYNNE, JR		Vice-President Name SUSAN WYNNE	
Street Address 139 PROGRESS STREET		Street Address 139 PROGRESS STREET	
City LINCOLN	State RI	Zip 02865	City LINCOLN
			State RI
			Zip 02865
Secretary Name RAYMOND E. WYNNE, JR		Treasurer Name RAYMOND E. WYNNE, JR	
Street Address 139 PROGRESS STREET		Street Address 139 PROGRESS STREET	
City LINCOLN	State RI	Zip 02865	City LINCOLN
			State RI
			Zip 02865
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name RAYMOND E. WYNNE, III		Director Name THOMAS WYNNE	
Street Address 139 PROGRESS STREET		Street Address 139 PROGRESS STREET	
City LINCOLN	State RI	Zip 02865	City LINCOLN
			State RI
			Zip 02865
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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		500	CNP
			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. 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 RAYMOND E. WYNNE, JR		Date 09/07/2022	
Signature of Authorized Representative <i>Raymond E. Wynne, Jr.</i>		FILED 12:12	

 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 07 2022

BY *QBJ2NBF*

FORM 630 - Revised: 11/2021