



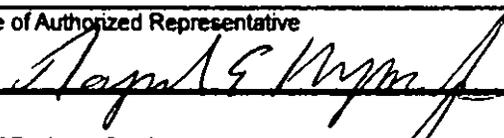
State of Rhode Island
Department of State - Business Services Division

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

2022 SEP 07 12:12

1. Entity 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. Changes require an additional filing.			NUMBER OF SHARES		
			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. <i>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.</i>					
Name of Authorized Representative RAYMOND E. WYNNE, JR				Date 09/07/2022	
Signature of Authorized Representative 				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 