



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2023**
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 DEC -8 PM 2: 04

1. Entity ID Number 000012203		2. Exact name of the Corporation Smith-Mason Funeral Home, Inc.												
3. Principal Office Address 398 Willet Avenue			City Riverside	State RI	Zip 02915									
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island Funeral home & final life-celebration services												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment														
President Name Robert E. Mason			Vice-President Name Mark E. Mason											
Street Address 398 Willet Avenue			Street Address 398 Willet Avenue											
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915									
Secretary Name Mark E. Mason			Treasurer Name Mark E. Mason											
Street Address 398 Willet Avenue			Street Address 398 Willet Avenue											
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915									
8. List ALL directors (names and addresses) Check the box to indicate an attachment														
Director Name NONE			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>350</td> <td>Preferred</td> <td>\$300.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	350	Preferred	\$300.00			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
350	Preferred	\$300.00												
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 Mark Mason				Date 12-05-2022										
Signature of Authorized Representative														

FILED

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

DEC 09 2022
BY 23225
VS

FORM 630 - Revised: 11/2021