



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.

FILED

JAN 31 2023

BY 2927
ks

1. Entity ID Number 1335715		2. Exact name of the Corporation Family's Choice Cremation, Inc.			
3. Principal Office Address 8 School House Road			City Warren	State RI	Zip 02885
4. NAICS Code 812220		6. Brief description of the character of business conducted in Rhode Island Crematory services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Catherine A. Tattre			Vice-President Name None		
Street Address 8 School House Road			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Catherine A. Tattre			Treasurer Name Catherine A. Tattre		
Street Address 8 School House Road			Street Address 8 School House Road		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Catherine A. Tattre			Director Name None		
Street Address 8 School House Road			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 Catherine A. Tattre				Date 1/17/23	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov