



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 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"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>100</td><td>Common</td><td>No Par Value</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value			
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 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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021