



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2023  
**Corporation**

**FEB 15 2023**

*SOS*

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

|  |                    |   |   |                    |                        |
|--|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number<br><b>142986</b>   |                    | 2. Exact name of the Corporation<br><b>GRIFFIN PRE-NEED SOLUTIONS, INC.</b>   |   |                    |                        |
| 3. Principal Office Address<br><b>163 GRACE STREET</b>   |                    |   | City<br><b>CRANSTON</b>   | State<br><b>RI</b> | Zip<br><b>02910</b>    |
| 4. NAICS Code<br><b>812210</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>TO PROVIDE CONSULTING SERVICES TO FUNERAL HOMES</b> |   |                    |                        |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>   |                    |   |   |                    |                        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                    |                        |
| President Name<br><b>KENNETH A. R. HUGHES</b>  |                    |   | Vice-President Name<br><b>KENNETH A. R. HUGHES</b>  |                    |                        |
| Street Address<br><b>163 GRACE STREET</b>  |                    |   | Street Address<br><b>163 GRACE STREET</b>   |                    |                        |
| City<br><b>CRANSTON</b>  | State<br><b>RI</b> | Zip<br><b>02910</b>   | City<br><b>CRANSTON</b>   | State<br><b>RI</b> | Zip<br><b>02910</b>    |
| Secretary Name<br><b>KENNETH A. R. HUGHES</b>  |                    |   | Treasurer Name<br><b>KENNETH A. R. HUGHES</b>   |                    |                        |
| Street Address<br><b>163 GRACE STREET</b>  |                    |   | Street Address<br><b>163 GRACE STREET</b>   |                    |                        |
| City<br><b>CRANSTON</b>  | State<br><b>RI</b> | Zip<br><b>02910</b>   | City<br><b>CRANSTON</b>   | State<br><b>RI</b> | Zip<br><b>02910</b>    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                    |                        |
| Director Name<br><b>N/A</b>  |                    |   | Director Name<br><b>N/A</b>   |                    |                        |
| Street Address   |                    |   | Street Address  |                    |                        |
| City   | State              | Zip   | City  | State              | Zip                    |
| Director Name<br><b>N/A</b>  |                    |   | Director Name<br><b>N/A</b>   |                    |                        |
| Street Address   |                    |   | Street Address  |                    |                        |
| City   | State              | Zip   | City  | State              | Zip                    |
| 9. Shares Authorized   |                    |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                        |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    |   | NUMBER OF SHARES  |                    | CLASS/SERIES           |
|  |                    |   | PAR VALUE   |                    |                        |
|  |                    |   | <b>100</b>  | <b>COMMON</b>      | <b>NO PAR</b>          |
| 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.<br><b>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.</b> |                    |   |   |                    |                        |
| Name of Authorized Representative<br><b>KENNETH A. R. HUGHES, PRESIDENT</b>  |                    |   |   |                    | Date<br><b>2/13/23</b> |
| Signature of Authorized Representative<br><i>Kenneth A. R. Hughes</i>  |                    |   |   |                    |                        |

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