



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.

APR 20 2023

0446002

1 Entity ID Number 000064176		2 Exact name of the Corporation Cremation Services of New England, Inc.	
3. Principal Office Address 571 West Greenville Road (P.O. Box 216)		City Scituate	State RI
		Zip 02857	
4. NAICS Code 812220	6. Brief description of the character of business conducted in Rhode Island Cremation of Human Bodies		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name John F. Winfield, Jr.		Vice-President Name	
Street Address 571 West Greenville Road (P.O. Box 216)		Street Address	
City Scituate	State RI	Zip 02857	
Secretary Name John F. Winfield, Jr.		Treasurer Name John F. Winfield, Jr.	
Street Address 571 West Greenville Road (P.O. Box 216)		Street Address 571 West Greenville Road (P.O. Box 216)	
City Scituate	State RI	Zip 02857	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name John F. Winfield, Jr.		Director Name	
Street Address 571 West Greenville Road (P.O. Box 216)		Street Address	
City Scituate	State RI	Zip 02857	
Director Name		Director Name	
Street Address		Street Address	
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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		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 John F. Winfield, Jr.		Date 4-14-2023	
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.n.gov

FORM 630 - Revised: 2/2023