



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

APR 20 2023
 OYM 6002

- 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 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	City	State	Zip	
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	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	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued				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.		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 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