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.

STAMP
RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
SECRETARY OF STATE USE ONLY
2023 APR 26 A 9:58

1. Entity ID Number	2. Exact name of the Corporation
001693641	Hoey-Aprin-Williams-King Funeral Home, Inc.

3. Principal Office Address	City	State	Zip
168 ACADEMY AVENUE	PROVIDENCE	RI	02908

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812210	FUNERAL HOME AND CREMATION SERVICES.
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
DAVID GILL			DAVID GILL		
Street Address: 4 CHLOE COURT			Street Address: 4 CHLOE COURT		
City: COVENTRY	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816
Secretary Name: DAVID GILL			Treasurer Name: DAVID GILL		
Street Address: 4 CHLOE COURT			Street Address: 4 CHLOE COURT		
City: COVENTRY	State: RI	Zip: 02816	City: COVENTRY	State: RI	Zip: 02816

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
NONE					
Street Address			Street Address		
City	State	Zip	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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
DAVID GILL, PRESIDENT	2-11-23

Signature of Authorized Representative

FILED
APR 26 2023
BY 2934
9:58

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: 2/2023