



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.

RECEIVED STAMP
 R.I. DEPT. OF STATE
 BUS SVCS DIV
SECRETARY OF STATE
 OFFICE ONLY

2023 APR 26 A 9:58

1. Entity ID Number 001693641		2. Exact name of the Corporation Hoey-Aprin-Williams-King Funeral Home, Inc.			
3. Principal Office Address 168 ACADEMY AVENUE			City PROVIDENCE	State RI	Zip 02908
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name DAVID GILL			Vice-President 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
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 <input type="checkbox"/>					
Director Name NONE			Director Name		
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/STRIES	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 DAVID GILL, PRESIDENT					Date 2-11-23
Signature of Authorized Representative 					FILED

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

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