RI SOS Filing Number: 202444706270 Date: 1/24/2024 4:00:00 PM

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## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

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Penalty: Additional \$25.00 fee if form is not filed by May 31.								
Entity ID Number	2. Exact name	of the Corporation						
488373	IANNOTTI FUNERAL HOME, INC.							
Principal Office Address			City	-	State	Zip		
415 Washington Street			Coven	try	RI	02816		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
812210	Operation of a funeral home.							
5. State of Incorporation	<b>- </b>							
RI								
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name Robert A. lannotti, Jr				Vice-President Name Kim D. lannotti				
Street Address 81 Valentine Circle				Street Address 81 Valentine Circle				
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	<sup>City</sup> War	wick	State R	Σiρ 02886		
Secretary Name Kim D. lannotti	Name Kim D. lannotti			Treasurer Name Robert A. Iannotti, Jr,				
Street Address 81 Valentine Circle			Street Address 81 Valentine Circle					
<sup>City</sup> Warwick	State RI	<sup>Zip</sup> 02886	City War	wick	State RI	<sup>Zip</sup> 02886		
8. List ALL directors (names and ac	ldresses)				e box to indica	te an attachment 🔲		
Director Name Robert A. Iannotti, Jr.			İ	Director Name Kim D. lannotti				
Street Address 81 Valentine Circle			Street Add	Street Address 81 Valentine Circle				
<sup>City</sup> Warwick	State RI	<sup>Z<sub>1</sub>p</sup> 02886	City Wai	wick	State R	Zip 02886		
Director Name			Director Na	Director Name				
Street Address			Street Address					
City	State	Zip	City		Slate	Zip		
9. Shares Authorized	10. Shares Issued							
This information is currently of record in the Department of State.		NUMBER OF	SHARES	Common .01				
Changes require an additional filing.		300	300		.	.01		
					Î			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver or trustee, this report must b						abadulas and		
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								
Robert A. lannoti, Jr. $0!/_{!!}/_{20}$						11/2024		
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.ri.gov