



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

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 26 2024

BY 3176 ES

1. Entity ID Number 1335715		2. Exact name of the Corporation Family's Choice Cremation, Inc.	
3. Principal Office Address 8 School House Road		City Warren	State RI
		Zip 02885	
4. NAICS Code 812220	6. Brief description of the character of business conducted in Rhode Island Crematory services		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Catherine A. Tattrie		Vice-President Name None	
Street Address 8 School House Road		Street Address	
City Warren	State RI	Zip 02885	
Secretary Name Catherine A. Tattrie		Treasurer Name Catherine A. Tattrie	
Street Address 8 School House Road		Street Address 8 School House Road	
City Warren	State RI	Zip 02885	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Catherine A. Tattrie		Director Name None	
Street Address 8 School House Road		Street Address	
City Warren	State RI	Zip 02885	
Director Name None		Director Name None	
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. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		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 Catherine A. Tattrie		Date 1/12/24	
Signature of Authorized Representative <i>Catherine A. Tattrie</i>			