



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

FEB 06 2024

BY 132217

| | | | | | |
|---|--------------------|---|---|--------------------|------------------------|
| 1. Entity ID Number 41300 | | 2. Exact name of the Corporation Anderson-Winfield Funeral Home, Inc. | | | |
| 3. Principal Office Address 4 Church Street | | | City Smithfield | State RI | Zip 02917 |
| 4. NAICS Code 812210 | | 6. Brief description of the character of business conducted in Rhode Island Funeral Services Provided | | | |
| 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 Thomas Winfield | | | Vice-President Name Charlene Winfield Capuano | | |
| Street Address 4 Church Street | | | Street Address P.O. Box 604 | | |
| City Smithfield | State RI | Zip 02917 | City Greenville | State RI | Zip 02828 |
| Secretary Name Thomas Winfield | | | Treasurer Name Charlene Winfield Capuano | | |
| Street Address 4 Church Street | | | Street Address P.O. Box 604 | | |
| City Smithfield | State RI | Zip 02917 | City Greenville | State RI | Zip 02828 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Thomas Winfield | | | Director Name Charlene Winfield Capuano | | |
| Street Address 4 Church Street | | | Street Address P.O. Box 604 | | |
| City Smithfield | State RI | Zip 02917 | City Greenville | State RI | Zip 02828 |
| 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 | | |
| | | | | | |
| | | | | | |
| 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 Thomas Winfield, President | | | | | Date 1/18/24 |
| Signature of Authorized Representative | | | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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