



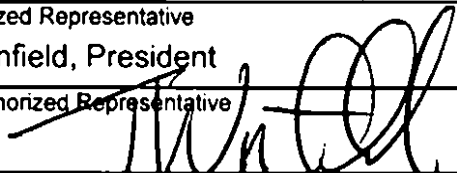
State of Rhode Island
Department of State - Business Services Division

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"/>		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
This information is currently of record in the Department of State. Changes require an additional filing.		600		COMMON	
				NONE	
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
Phone: (401) 222-3040
Website: www.sos.ri.gov