



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2024
Corporation

MAR 04 2024

BY

37346
DS

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 93116		2. Exact name of the Corporation William W. Tripp Funeral Home, Inc.			
3. Principal Office Address 1008 Newport Avenue		City Pawtucket		State RI	Zip 02861
4. NAICS Code 812210	6. Brief description of the character of business conducted in Rhode Island Practice of Profession of a Funeral Home				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel A. Laneres			Vice-President Name Michael S. Sladen		
Street Address 1008 Newport Avenue			Street Address 1008 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Secretary Name Michael S. Sladen			Treasurer Name Daniel A. Laneres		
Street Address 1008 Newport Avenue			Street Address 1008 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel A. Laneres			Director Name Michael S. Sladen		
Street Address 1008 Newport Avenue			Street Address 1008 Newport Avenue		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	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		CLASS/SERIES		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 Daniel A. Laneres				Date 2/15/2024	
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