



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

MAR 26 2024

BY 11172

1. Entity ID Number <u>00000 4493</u>		2. Exact name of the Corporation <u>Colony Casket INC</u>						
3. Principal Office Address <u>14 NOTO Dr</u>		City <u>No. Prov.</u>		State <u>RI</u>	Zip <u>02904</u>			
4. NAICS Code <u>339900</u>		6. Brief description of the character of business conducted in Rhode Island <u>CASKET MANUFACTURER</u>						
5. State of Incorporation <u>RI</u>								
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>								
President Name <u>MARISA DeConcilis</u>			Vice-President Name					
Street Address <u>14 NOTO Dr</u>			Street Address					
City <u>No. Prov.</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip			
Secretary Name			Treasurer Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>								
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
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					
			<table border="1"><tr><td><u>0</u></td><td><u>Cnp</u></td><td><u>0</u></td></tr><tr><td><u>0</u></td><td><u>Cnp</u></td><td><u>0</u></td></tr></table>			<u>0</u>	<u>Cnp</u>	<u>0</u>
<u>0</u>	<u>Cnp</u>	<u>0</u>						
<u>0</u>	<u>Cnp</u>	<u>0</u>						
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. <i>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.</i>								
Name of Authorized Representative <u>MARISA DeConcilis</u>					Date <u>3/21/24</u>			
Signature of Authorized Representative <u>MARISA DeConcilis</u>								