



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.

STF
APR 08 2024

11260

1. Entity ID Number 12239		2. Exact name of the Corporation William J. Smith & Son, Inc.			
3. Principal Office Address 8 School House Road		City Warren		State RI	Zip 02885
4. NAICS Code 81 2210		6. Brief description of the character of business conducted in Rhode Island Funeral Services			
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 Rosemary C. Alden			Vice-President Name Catherine Ann Tattrie		
Street Address 8 School House Road			Street Address 8 School House Road		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
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
			100		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 Rosemary C. Alden					Date
Signature of Authorized Representative <i>Rosemary C. Alden</i>					