

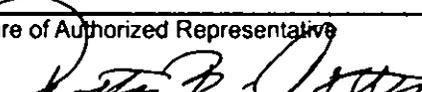


State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSI
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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.

1. Entity ID Number 1993		2. Exact name of the Corporation Peter J. Barrett, Inc.			
3. Principal Office Address 84 Port Circle		City Warwick		State RI	Zip 02889
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island Funeral Directing & Embalming			
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 Peter B. Cotter			Vice-President Name Madeleine T. Cotter		
Street Address 84 Port Circle			Street Address 84 Port Circle		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Madeleine T. Cotter			Treasurer Name Peter B. Cotter		
Street Address 84 Port Circle			Street Address 84 Port Circle		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter B. Cotter			Director Name Madeleine T. Cotter		
Street Address 84 Port Circle			Street Address 84 Port Circle		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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. 100 NO PAR VALUE Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		12 SHARES		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 Peter B. Cotter, President				Date April 22, 2024	
Signature of Authorized Representative 				FILED APR 22 2024 4116 BY <u>B. Twopl</u>	

MAIL TO:
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Website: www.sos.ri.gov