



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**

APR 25 2024

BY 1151

1. Entity ID Number <u>000120587</u>		2. Exact name of the Corporation <u>Barbara E. Coelho Funeral Home Inc</u>									
3. Principal Office Address <u>128 Alabama Avenue</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02905</u>						
4. NAICS Code <u>551112</u>		6. Brief description of the character of business conducted in Rhode Island <u>To engage in Funeral Service and to operate within a licensed establishment including cremation service</u>									
5. State of Incorporation <u>RI</u>											
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
President Name <u>Barbara E. Coelho</u>			Vice-President Name								
Street Address <u>128 Alabama Avenue</u>			Street Address								
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City	State	Zip						
Secretary Name <u>Traci L. Gomes</u>			Treasurer Name								
Street Address <u>128 Alabama Avenue</u>			Street Address								
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City	State	Zip						
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
This information is currently of record in the Department of State.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>100</u></td> <td><u>Common</u></td> <td><u>0.01</u></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>100</u>	<u>Common</u>	<u>0.01</u>
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<u>100</u>	<u>Common</u>	<u>0.01</u>									
Changes require an additional filing.											
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 <u>Barbara E. Coelho</u>				Date <u>4-24-24</u>							
Signature of Authorized Representative <u>Barbara E. Coelho</u>											

MAIL TO:  
Division of Business Services  
149 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

FORM 630- Revised: 12-2023