



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 151

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>55112</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)					Check the box to indicate an attachment <input type="checkbox"/>
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. Gomis</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)					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			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	
Changes require an additional filing.		<u>100</u>	<u>Common</u>	<u>0.01</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.					
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