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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.

1. Entity ID Number	2. Exact name of the Corporation		
000140312	Ocean State Cremation Service, Inc.		
3. Principal Office Address	City	State	Zip
2435 WARWICK AVENUE	WARWICK	RI	02889
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
812210	TO PROVIDE CREMATION SERVICES.		
5. State of Incorporation			
RHODE ISLAND			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
PATRICK QUINN	5 OAKWOOD DRIVE	EAST GREENWICH	RI	02818

Vice-President Name	Street Address	City	State	Zip
JEROME D. QUINN	2435 WARWICK AVENUE	WARWICK	RI	02889

Secretary Name	Street Address	City	State	Zip
MICHAEL F. QUINN	130 BRIARCLIFF AVENUE	WARWICK	RI	02889

Treasurer Name	Street Address	City	State	Zip
JEROME D. QUINN	2435 WARWICK AVENUE	WARWICK	RI	02889

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
PATRICK QUINN	5 OAKWOOD DRIVE	EAST GREENWICH	RI	02818

Director Name	Street Address	City	State	Zip
JEROME D. QUINN	2435 WARWICK AVENUE	WARWICK	RI	02889

Director Name	Street Address	City	State	Zip
MICHAEL F. QUINN	130 BRIARCLIFF AVENUE	WARWICK	RI	02889

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	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	Date
PATRICK QUINN, PRESIDENT	4/17/24

Signature of Authorized Representative

FILED

APR 30 2024
BY 20932
KS

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

FORM 630 - Revised: 2/2023