



RI SOS Filing Number: 202455006510 Date: 5/28/2024 4:00:00 PM

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.

MAY 28 2024

23472

1. Entity ID Number 33415		2. Exact name of the Corporation The Stapleton-Barry-Holdredge Funeral Home, Inc.			
3. Principal Office Address 684 Park Avenue		City Cranston		State RI	Zip 02910
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island Funeral home			
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 James H. Stapleton			Vice-President Name None		
Street Address 684 Park Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Jane A. Stapleton			Treasurer Name Jane A. Stapleton		
Street Address 684 Park Avenue			Street Address 684 Park Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		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 James H. Stapleton				Date MAY 23, 2024	
Signature of Authorized Representative 					

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