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	2. Exact name of the Corporation			
33415	The Stapleton-Barry-Holdredge Funeral Home, Inc.			
3. Principal Office Address		City	State	Zip
684 Park Avenue		Cranston	RI	02910
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812210	Funeral home			
5. State of Incorporation				
Rhode Island				

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

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 ☐

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

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
James H. Stapleton	MAY 23, 2024

Signature of Authorized Representative: James H. Stapleton

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: 11/2021