



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.

AMENDED

RECEIVED
RI DEPT. OF STATE
BUS. SVCS.
2024 OCT -7 A 10:27

1. Entity ID Number 000041153		2. Exact name of the Corporation George C. Lima Funeral Home, Inc.			
3. Principal Office Address 367 High Street, P.O. Box 975			City Bristol	State RI	
4. NAICS Code 812210-Funeral Home		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 George C. Lima, Jr.			Vice-President Name George C. Lima, Jr.		
Street Address 64 Gibson Road			Street Address 64 Gibson Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name George C. Lima, Jr.			Treasurer Name George C. Lima, Jr.		
Street Address 64 Gibson Road			Street Address 64 Gibson Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name George C. Lima, Jr.			Director Name		
Street Address 64 Gibson Road			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Director Name None			Director Name		
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 <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			515	Common	No par
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 George C. Lima, Jr.					Date 10-2-24
Signature of Authorized Representative <i>George C. Lima Jr.</i>					

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

FILED

OCT 07 2024
BY AA-10:27 AM
FORM 630- Revised: 12/2023



State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 07, 2024 10:27 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore
Secretary of State

