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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 000021210		2. Exact name of the Corporation THOMAS & WALTER QUINN, INC.	
3. Principal Office Address 2435 WARWICK AVENUE		City WARWICK	State RI
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 JEROME D. QUINN		Vice-President Name BRENDAN QUINN	
Street Address 2345 WARWICK AVENUE		Street Address 2345 WARWICK AVENUE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02889		Zip 02889	
Secretary Name SEAN QUINN		Treasurer Name SEAN QUINN	
Street Address 2435 WARWICK AVENUE		Street Address 2435 WARWICK AVENUE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02889		Zip 02889	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JEROME D. QUINN		Director Name BRENDAN QUINN	
Street Address 2435 WARWICK AVENUE		Street Address 2345 WARWICK AVENUE	
City WARWICK	State RI	City WARWICK	State RI
Zip 02889		Zip 02889	
Director Name SEAN QUINN		Director Name	
Street Address 2345 WARWICK AVENUE		Street Address	
City WARWICK	State RI	City	State
Zip 02889		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
		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 JEROME D. QUINN, PRESIDENT		Date 1/16/2025	
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

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FORM 630 - Revised: 2/2023



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:

January 17, 2025 12:05 PM

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

Gregg M. Amore
Secretary of State

