AMENDED

State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
'25 JAN 17 PM 12:05:25

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		
000021210	THOMAS & WALTER QUINN, INC.		
3. Principal Office Address	City	State	Zip
2435 WARWICK AVENUE	WARWICK	RI	02889
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 ☐

President Name: JEROME D. QUINN			Vice-President Name: BRENDAN QUINN		
Street Address: 2345 WARWICK AVENUE			Street Address: 2345 WARWICK AVENUE		
City: WARWICK	State: RI	Zip: 02889	City: WARWICK	State: RI	Zip: 02889
Secretary Name: SEAN QUINN			Treasurer Name: SEAN QUINN		
Street Address: 2435 WARWICK AVENUE			Street Address: 2435 WARWICK AVENUE		
City: WARWICK	State: RI	Zip: 02889	City: WARWICK	State: RI	Zip: 02889

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

Director Name: JEROME D. QUINN			Director Name: BRENDAN QUINN		
Street Address: 2435 WARWICK AVENUE			Street Address: 2345 WARWICK AVENUE		
City: WARWICK	State: RI	Zip: 02889	City: WARWICK	State: RI	Zip: 02889
Director Name: SEAN QUINN			Director Name:		
Street Address: 2345 WARWICK AVENUE			Street Address:		
City: WARWICK	State: RI	Zip: 02889	City:	State:	Zip:

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

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

Changes require an additional filing.

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
JEROME D. QUINN, PRESIDENT	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

FILED
JAN 17 2025
BY AA. 12:05 PM

FORM 630 - Revised: 2/2023