



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 23 2025

BY

1. Entity ID Number 488373		2. Exact name of the Corporation Iannotti Funeral Home, Inc.			
3. Principal Office Address 415 Washington Street			City Coventry	State RI	Zip 02816
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island Operation of a funeral home.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Robert A. Iannotti, Jr.			Vice-President Name Kim D. Iannotti		
Street Address 415 Washington Street			Street Address 415 Washington Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Robert A. Iannotti, Jr.			Treasurer Name Kim D. Iannotti		
Street Address 415 Washington Street			Street Address 415 Washington Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Robert A. Iannotti, Jr.			Director Name Kim D. Iannotti		
Street Address 415 Washington Street			Street Address 415 Washington Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		
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 Robert A. Iannotti, Jr.					Date 1/17/25
Signature of Authorized Representative					

MAIL TO:
Division of Business Services
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