State of Rhode Island
Department of State - Business Services Division

FILED
JAN 23 2025
STAMP
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
488373	Iannotti Funeral Home, Inc.

3. Principal Office Address	City	State	Zip
415 Washington Street	Coventry	RI	02816

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812210	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	Vice-President Name
Robert A. Iannotti, Jr.	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	Director Name
Robert A. Iannotti, Jr	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
	300	Common	$.01

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
Robert A. Iannotti, Jr.	1/17/25
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

FORM 630- Revised: 12/2023