



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
FEB 28 2025
BY *509*
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1. Entity ID Number 000142986		2. Exact name of the Corporation Griffin Pre-Need Solutions, Inc.			
3. Principal Office Address 163 Grace Street			City Cranston	State RI	Zip 02910
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island To provide consulting services to funeral homes			
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 Kenneth A. R. Hughes			Vice-President Name Kenneth A. R. Hughes		
Street Address 163 Grace St.			Street Address 163 Grace St.		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Kenneth A.R. Hughes			Treasurer Name Kenneth A. R. Hughes		
Street Address 163 Grace St.			Street Address 163 Grace St.		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
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 Kenneth A. R. Hughes					Date 2/25/25
Signature of Authorized Representative <i>Kenneth A. R. Hughes</i>					

MAIL TO:
Division of Business Services
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