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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: <sup>2016</sup>

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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AM II:	OF STATI

1. Entity ID Number	2. Exact name of	of the	Corporation	:			_		
000031884		Providence Casket Company							
3. Principal Office Address	fice Address				City State Zip				
304 Potters Ave				Warwick		RI	02886		
4. Business Phone Number				5. State of Incorporation					
401-439-8176				RI					
<ol><li>Brief description of the cha</li></ol>	racter of business	con	ducted in Rhode	island		•		***	
Casket sales									
7. List ALL officers (names ar	nd addresses)				Check t	he box to	indicate	an attachment 🔲	
President Name Stephen E Nazareth				Vice-President Name Brett P Nazareth					
Street Address 304 Potters Ave				Street Address 89 Walnut Ave					
City Warwick	State RI	State RI		City Roxbury		State MA		<sup>Zip</sup> 02119	
Secretary Name Stephen E. Nazareth				Treasurer Name Brett P Nazareth					
Street Address 304 Potters Ave			Street Address 89 Walnut Ave						
<sup>City</sup> Warwick	State RI	Zip (	)2886	City Roxbury		State MA		<sup>Zip</sup> 02119	
8. List ALL directors (names a	ind addresses)	*		<b>A</b>	Check th	ne box to	indicate a	an attachment 🔲	
Director Name				Director Name					
Street Address				Street Address					
City	State	Zip		City		State		Zip	
9. Shares Authorized 10. Shares Iss									
This information is currently of record in the			NUMBER OF SHARES CLASS/SERIES					PAR VALUE	
Department of State.			00/			NO time		Tion	
Changes require an additional filing.								7-1	
11. This report must be execu or trustee, this report must be	ted on behalf of the	ne co	rporation by an	authorized re	epresentative. If the corp	oration is	in the ha	ands of a receiver	
Under penalty of perjury, I d statements, and that all stat	leclare and affire	n tha	t I have examin	ed this repo	ort, including any acco	mpanyin	g sched	ules and	
Name of Authorized Represer		eu me	rem are true ar	ia correct.		Date			
Stephen E Nazareth						9/16/16			
Signature of Authorized Repre	esentative	_	210		<u> CRE</u>				
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11:13 Am **FILED** 

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP 21 2016

FORM 630 - Revised: 05/2016