RI SOS Filing Number: 202327998200 Date: 2/6/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023 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			Coveritry		RI	02816	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
812210	Operation of a funeral home.						
5. State of Incorporation	1						
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 81 Valentine Circle			Street Address 81 Valentine Circle				
^{City} Warwick	State RI	^{Zip} 02886	City Warwi	ck	State RI	^{Zıp} 02886	
Secretary Name Kim D. Iannotti			Treasurer Name Robert A. Iannotti Jr.				
Street Address 81 Valentine Circle			Street Address 81 Valentine Circle				
^{City} Warwick	State RI	⁷ ' ^p 02886	^{City} Warwick		State RI	^{/ıp} 02886	
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 81 Valentine Circle			Street Address 81 Valentine Circle				
City Warwick	State RI	^{Zıp} 02886	^{City} Warwick		State RI	^{Zip} 02886	
Director Name			Director Name				
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
9. Shares Authorized			10. Shares Issued		Check the box to indicate an attachment		
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE COMMON .01		
Changes require an additional filing.		300	300		Common		
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. lannotti, Jr.					02/01/2023		
Signature of Authorized Representative							
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri,gov