

FILED



**State of Rhode Island
Department of State - Business Services Division**

JUL 03 2023
BY 2830

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 000002309		2. Exact name of the Corporation V.J Berarducci & Sons Inc			
3. Principal Office Address 26 Grove St			City Providence	State RI	Zip 02909
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island Funeral Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Annette Berarducci			Vice-President Name		
Street Address 26 Grove St			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
Secretary Name Annette Berarducci			Treasurer Name Annette Berarducci		
Street Address 26 Grove St			Street Address 26 Grove St		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Annette Berarducci			Director Name		
Street Address 26 Grove St			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
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 <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
		100	stk	0.00	
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 Annette Berarducci				Date 06/27/2023	
Signature of Authorized Representative Annette Berarducci <i>Annette Berarducci 7/3/23</i>					

MAIL TO:
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