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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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 000021210		2. Exact name of the Corporation THOMAS & WALTER QUINN, INC.			
3. Principal Office Address 2435 WARWICK AVENUE		City WARWICK		State RI	Zip 02889
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island FUNERAL HOME			
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 PATRICK J. QUINN			Vice-President Name		
Street Address 5 OAKWOOD DRIVE			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name JEROME D. QUINN			Treasurer Name JEROME D. QUINN		
Street Address 2435 WARWICK AVENUE			Street Address 2435 WARWICK AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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		COMMON	NO 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 PATRICK J. QUINN, PRESIDENT			FILED	Date 4/17/24	
Signature of Authorized Representative 			APR 30 2024 20933 19		

MAIL TO:
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