



Rhode Island Funeral Directors Association
P.O. Box 1223, East Greenwich, RI 02818
401-523-5017, email: rifda1@aol.com, <https://rifda.org>
Annual Installation Dinner, Saturday, March 22, 2025

January 2025

Dear Members and Friends:

You are cordially invited to attend our Annual Installation Dinner on **Saturday, March 22, 2025, Crowne Plaza Hotel, 801 Greenwich Avenue, Warwick, Rhode Island, 401-732-6000.** At this event, we will be recognizing the following officers: **Nicole E. Heywood**, Winfield & Sons Funeral Home as **President**, **Anthony J. Nardolillo**, Nardolillo Funeral Home as **President-Elect**, **John P. Gallogly**, Gallogly Family Funeral Homes & Cremation Services as **Treasurer**, **Maria A. King**, Nardolillo Funeral Home as **Immediate Past President** and our newly elected member of the Board of Governors that will be elected at our February 11, 2025 meeting.

As has been done in past years, we will be writing to our sponsors asking for their support of the cocktails and the Hors d'oeuvres. The cocktail hour will take place from 5:30 p.m. to 6:30 p.m. and one (1) cocktail ticket per person will be included in your reservation packet at the event. The dinner will begin at 6:30 p.m., and there will be a choice of three entrees: **Grilled New York Sirloin Steak with Roasted Shallot and Burgandy Demi Glaze** or **Grilled Atlantic Salmon Steak Lemon Pepper Beurre Blanc** or **Chicken Francaise**. The entrees include salad, vegetables, potatoes, coffee, tea, and dessert.

The cost per person will be \$95.00. We will not be sending you tickets this year; by returning the bottom portion of this invitation will be your reservation for this event. Please respond by March 12, 2025. We look forward to seeing you on the 22nd of March.

Mail To: Laurie Robinson, RIFDA
P.O. Box 1223, East Greenwich, RI 02818
(Tel) 401-523-5107 or email: rifda1@aol.com or register online (will be available soon)!

My choice of dinner(s) is: **Grilled New York Sirloin Steak**
 Grilled Atlantic Salmon Steak
 Chicken Francese

(Please indicate the number of meals next to your choice. If you have any dietary restrictions, please contact Laurie)

Total Meals \$95pp: _____ Amount Enclosed: \$ _____ **RSVP by 3/12/2025.**

Firm Name: _____

Address: _____