



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 13650		2. Name of Corporation Ruth E. Urquhart, Inc.			
3. Street Address Principal Business Office 800-812 Greenwich Avenue			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 737-3510		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island To Carry Business to Handle Wakes and Funerals					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edward L. Murphy			Vice President Name Edward L. Murphy		
Street Address 812 Greenwich Avenue			Street Address 812 Greenwich Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Edward L. Murphy			Treasurer Name Edward L. Murphy		
Street Address 812 Greenwich Avenue			Street Address 812 Greenwich Avenue		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Edward L. Murphy			Director Name		
Street Address 812 Greenwich Avenue			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMM NO PAR VALUE		100	Common	No Par Value

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.

File Date **FILED**

Check No. **MAR 31 2008**

By: 10222

FOR SECRETARY OF STATE USE ONLY

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.

Edward L. Murphy 3-24-2008  
Signature Date

Edward L. Murphy  
Print or Type Name

PRESIDENT  
Title

Form 630 Rev. 12/06