



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

A. Ralph Mollis, 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. 7276		2. Name of Corporation Fournier and Fournier, Inc.			
3. Street Address Principal Business Office 99 Cumberland Street			City Woonsocket	State RI	Zip 02895
4. Business Phone No. 401 769-0940		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Funeral Directors					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Vacant			Vice President Name Robert E. Darling, Sr.		
Street Address			Street Address 31 Grande Vista Spanish Lake 1		
City	State	Zip	City	State	Zip
			Pt St Lucie	FL	34952
Secretary Name Lucille F. Rock			Treasurer Name Vacant		
Street Address 463 South Main Street			Street Address		
City	State	Zip	City	State	Zip
Woonsocket	RI	02895			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Lucille F. Rock			Director Name Robert R. Fournier, Sr.		
Street Address 463 South Main Street			Street Address 395 South Main Street		
City	State	Zip	City	State	Zip
Woonsocket	RI	02895	Woonsocket	RI	02895
Director Name Robert E. Darling, Sr.			Director Name		
Street Address 31 Grande Vista Spanish Lake 1			Street Address		
City	State	Zip	City	State	Zip
Pt St Lucie	FL	34952			
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
8,000	Common No Par Value		7,775	Common	NPV

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.

FILED

File Date: **MAY 21 2008**

Check No. **98368**

By: _____

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.

Lucille F. Rock *May 20, 2008*
Signature Date

Lucille F. Rock

Print or Type Name

Secretary

Title