



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
401.222.3060

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. 7522		2. Name of Corporation EGIDIO DI PARDO & SONS, INC.			
3. Street Address Principal Business Office 75 Harris Avenue			City Woonsocket	State RI	Zip 02895-01892
4. Business Phone No. 401-762-3746		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island General undertaking and funeral business.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Elaine D. DiPardo			Vice President Name Gina DiPardo Drainville		
Street Address 819 Pound Hill Road, P. O. Box 846			Street Address 16 Gilfillian Road		
City Slatersville	State RI	Zip 02876	City North Smithfield	State RI	Zip 02896
Secretary Name Michael A. DiPardo			Treasurer Name Elaine D. DiPardo		
Street Address 75 Harris Avenue			Street Address 819 Pound Hill Road, P. O. Box 846		
City Woonsocket	State RI	Zip 02895	City Slatersville	State RI	Zip 02876
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Elaine D. DiPardo			Director Name		
Street Address 819 Pound Hill Road, P. O. Box 846			Street Address		
City Slatersville	State RI	Zip 02876	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
600	COMM NO PAR VALUE		600	COMMON	NO PAR

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.

Elaine D. DiPardo 2/10/2009
Signature Date

Elaine D. DiPardo
Print or Type Name
President/Owner
Title

FILED	
File Date	<u>FEB 17 2009</u>
Check No.	<u>By 8545</u>
By:	
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