

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

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a negative fee of \$25.00.

(K.I.G.L. /-10-00 (b&c)) is subjec	t to a penalty fee of \$25.0	90.					
1. ID No. 2. Exact name of the limited liability company 158520 L. QUINTAL MORTUARY SERVICE, LLC							
3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island DEATH CARE							
5. Principal office address 17 Church ST.			City WARREN	State /CJ		0 2885	
Contact Name LA WRE	NCL J. Q		OR TITLE OF CONTACT PERSON: Contact Title Pesiden T City WARREN State CITY OHSS OHSS				
17 Church	ST-		WARREN	State PI		Zip 02185	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)							
Manager Name	-	1	Manager Name				
Street Address			Street Address				
Gib.	State	Zip	City	State		Zip	
Manager Name	Manager Name						
Street Addiness			Street Address				
City 7.5.	State	Zip	City	State	 -	Zip	
8. RESIDENE AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address							
Address Addres		City	Zip				
FREC GOAL CA COAL CA ZOBS MAY 1							
4: 7							

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements
File Date 5-11-09 Check No. 1333	contained herein are true and corres. 4-27-09
By: MMC FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person Date LAWR NCL J. QUI NTW
	Form 632 Pay 07/07