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 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.	2. Name of Corporation		
21322	Romuald Potvin & Son Funeral Home, Inc.		
3. Street Address Principal Business Office	City	State	Zip
45 Curson Street	West Warwick	Rhode Island	02893
4. Business Phone No.	5. State of Incorporation		
(401) 821-6868	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Funeral Directing & Embalming

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Peter B. Cotter	Madeleine T. Cotter
Street Address: 84 Port Circle	Street Address: 84 Port Circle
City: Warwick, State: Rhode Island, Zip: 02889	City: Warwick, State: Rhode Island, Zip: 02889
Secretary Name: Madeleine T. Cotter	Treasurer Name: Peter B. Cotter
Street Address: 84 Port Circle	Street Address: 84 Port Circle
City: Warwick, State: Rhode Island, Zip: 02889	City: Warwick, State: Rhode Island, Zip: 02889

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Peter B. Cotter	(none)
Street Address: 84 Port Circle	Street Address:
City: Warwick, State: Rhode Island, Zip: 02889	City: , State: , Zip:
Director Name: Madeleine T. Cotter	Director Name: (none)
Street Address: 84 Port Circle	Street Address:
City: Warwick, State: Rhode Island, Zip: 02889	City: , State: , Zip:

9. SHARES AUTHORIZED
8,000 NO PAR VALUE

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐
ISSUED SHARES — THIS SECTION MUST BE COMPLETED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

Number of Shares	Class/Series	Par Value
80 Shares		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.

[redacted]

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.

Peter B. Cotter — 6/15/2009
Signature — *Date*

Peter B. Cotter
Print or Type Name

President
Title

[redacted]

File Date FILED
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