

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 2010 Filling Period: January 1 - March 1 • Filling Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. /-1.2-, subject to a penalty fee of \$25.00.	1301(e), each corporatio	n failing or refusing to file its as	nnual report within thirty (30) days aj	fter the time prescribed by lau	v (R.I.G.L. 7-1.2-1501(c&a	
1. Corporate ID No.	2. Name of Corporation					
18186	Merrick R. Williams Funeral Home, Inc.					
3. Street Address Principal Business (	Office		City	State	Ζip	
530 Smithfield Avenue			Pawtucket	RI	02860	
4. Business Phone No. 5. State of Incorporate		5. State of Incorporation				
401–723–2042 RI						
6. Brief Description of the Character	of Business Conducted	in Rhode Island				
Funeral Parlor	والمتعادية المتعادية	المنتقل الشراب أعالت عار ويكمع	a de <u>la companya de la companya de la compa</u> nya de la companya de	er an in the Control of the Control		
7. NAMES AND ADDRESSES  President Name	OF THE OFFICE	ts: ("x" box for att	<i>achment)</i> 🔲 <b>fill</b> in spa	ices before using .	ATTACHMENTS	
Charlene E. Williams			Vice President Name			
			Angell L. Williams			
Street Address 530 Smithfield Avenue			Street Address 530 Smithfield Avenue			
City	State	Ζip	: City	State	a.	
Pawtucket	RI	02860	Pawtucket		Z(p	
Secretary Name			Treasurer Name	RÍ	02860	
Merrick R. Williams				Charlene E. Williams		
Street Address			Street Address			
530 Smithfield Avenue			530 Smithfield	530 Smithfield Avenue		
City	State	Zip	: City	State	Zip	
Pawtucket	RI	02860	Pawtucket TTACHMBNI)   FILL IN S	рт	02960	
Charlene E. Williams Street Address			Director Name Street Address			
530 Smithfield		**************************************				
City	State	Zip	City	State	Zip	
Pawtucket	, RI	02860		<u></u>		
Director Name			Director Name		******************	
			· · · · · · · · · · · · · · · · · · ·			
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
		•				
9. SHARES AUTHORIZED	•		10. SHARES ISSUED (	'X" BOX FOR ATTAC	HAKENEN □	
600 Comm No Par Value			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.				Class/Series	Par Value	
			150	Common		
			250	Common	No Par	
				ľ		
This report must be execute	d on behalf of the	Corneration by an author	izad rapracantation. If al			
this report must be executed	on behalf of the c	corporation by the receive	ized representative. If the cor	poration is in the hand	is of a receiver or trus	
•			or or studiolo,			

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, File Date Jan. 1, 2010 Date Charlene E. Williams Print or Type Name President FOR SECRETARY OF STATE USE ONLY Title