

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

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(e&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>9849</b>		2. Name of Corporation MEMORIAL FUNERAL HOME INC				
3. Street Address Principal Business Office 375 Broadway			NEWPORT	State Rhode Island	Zip 02840	
4. Business Phone No. 5. State of Incorporation 401-846-0698 RHODE ISLAND						
6. Brief Description of the Chara FUNERAL SERVICE	acter of Business Conducted in	Rhode Island				
7. NAMES AND ADDRES	SSES OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) [ FILL IN	SPACES BEFORE USING A	TTACHMENTS	
President Name ROBERT S. EDENBACH			Vice President Name KURT EDENBACH			
Street Address			Street Address			
140 Cromwell Dr Gity State Zito			353 BROADWAY			
PORTSMOUTH	Rhode Island	<sup>Zip</sup> 02871	NEWPORT	State Rhode Island	02840	
Secretary Name KURT EDENBACH			Treasurer Name CHRISTOPHER M. EDENBACH			
Street Address 353 BROADWAY			Street Address 10 FOWLER AVE.			
City NEWPORT	State Rhode Island	<sup>Zip</sup> <b>0284</b> 0	City: NEWPORT	State Rhode Island	Zip 02840	
8. NAMES AND ADDRES		1	•	N SPACES BEFORE USING		
Director Name ROBERT S. EDENBA			Director Name KURT M. EDENBA			
Street Address			Street Address			
140 CROMWELL DRIVE City State Zip			: 353 BROADWAY  City State Lzip			
PORTSMOUTH	Rhode Island	02871	NEWPORT	State Rhode Island	02840	
Director Name CHRISTOPHER M. E	**********************		Director Name		[02010	
Street Address 10 FOWLER AVE.	***	77.	Street Address	70		
City NEWPORT	State  Phodo Jolond	Zip	City	State	Zip	
9. SHARES AUTHORIZEI	Rhode Island	02840	10 CHARGE TECHER	(637) DON TOD ANTAGAS		
			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	
			278			
This report must be execu	nted on behalf of the cor	poration by an authorize	d representative. If the c	corporation is in the hands of	f a receiver or trustee	
this report must be execut	ted on behalf of the corp	oration by the receiver	or trustee.	Postanos to in the hands o	a a receiver or waster,	
			_			
			Under penalty of p	erjury. I declare and affirm tha ompanying schedules and states	t I have examined this repo	
FILE	.U	]		ne from and refrect.		
File Date IAN 26	2010		of solor	17 Eduraca	1-20-2	
Check No.			Signature		Date	
FOR SECRETARY OF STATE USE ONLY			ROBERT S. EDENBACH Print or Type Name			
			President			
TOR SECRETARY OF	OJALE USE UNLY		Title			
					Form 630 Rev. 08/08	