



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
401.222.5640

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporation ID No. 16528		2. Name of Corporation WATSON FUNERAL HOME, INC.					
3. Street Address Principal Business Office 350 Willett Avenue		City East Prov.	State RI	Zip 02915			
4. Business Phone No. 433-4400		5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Business Conducted in Rhode Island Funeral Home							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name William R. Watson		Vice President Name William R. Watson					
Street Address 350 Willett Avenue		Street Address 350 Willett Avenue					
City East Prov.	State RI	Zip 02915	City East Prov.	State RI	Zip 02915		
Secretary Name William R. Watson		Treasurer Name William R. Watson					
Street Address 350 Willett Avenue		Street Address 350 Willett Avenue					
City East Prov.	State RI	Zip 02915	City East Prov.	State RI	Zip 02915		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name William R. Watson		Director Name					
Street Address 350 Willett Avenue		Street Address					
City East Prov.	State RI	Zip 02915	City	State	Zip		
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City	State	Zip		
9. SHARES AUTHORIZED 400 No Par Value Common					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.					ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
					Number of Shares 400	Class/Series Common	Par Value No Par Value
					THIS SECTION MUST BE COMPLETED		

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.

FILED

FEB 18 2011

File Date _____ By MNS
Check No. 22756
By _____

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.

Signature William R. Watson Date February 3, 2011

Printed True Name _____