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 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)(d)), is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
16528	WATSON FUNERAL HOME, INC.

3. Street Address Principal Business Office	City	State	Zip
350 Willett Avenue	East Prov.	RI	02915

4. Business Phone No.	5. State of Incorporation
433-4400	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	Vice President Name
William R. Watson	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	**Treasurer Name**
William R. Watson	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	Director Name
William R. Watson	
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

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
400	Common	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.

[redacted]

FILED

File Date: FEB 18 2011 By: MMC
Check No: 2756
By:

[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.

W R Watson — February 3, 2011
Signature — *Date*

William R. Watson
Print or Type Name