



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2012

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 64176		2. Exact name of the Corporation Cremation Services of New England, Inc.			
3. Principal office address 571 West Greenville Road (P.O. Box 216)			City Scituate	State RI	Zip 02857
4. Business Phone No. 401-647-5421			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Cremation of human bodies					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John F. Winfield, Jr.			Vice-President Name		
Street Address 571 West Greenville Road (P.O. Box 216)			Street Address		
City Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name John F. Winfield, Jr.			Treasurer Name John F. Winfield, Jr.		
Street Address 571 West Greenville Road (P.O. Box 216)			Street Address 571 West Greenville Road (P.O. Box 216)		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John F. Winfield, Jr.			Director Name		
Street Address 571 West Greenville Road (P.O. Box 216)			Street Address		
City Scituate	State RI	Zip 02857	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			100	Common	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.

FILED

FEB 29 2012

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 _____

Check No _____

By: _____

By: *[Signature]*

Signature of Authorized Representative

Date

2/28/12

FOR SECRETARY OF STATE USE ONLY

033121

John F. Winfield, Jr.

Print or Type Name of Authorized Representative