



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 11471		2. Exact name of the Corporation Frank P. Trainor & Sons Funeral Home, Inc.			
3. Principal office address 982 Warwick Ave.		City Warwick	State RI	Zip 02888	
4. Business Phone No. (401) 461-4843		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island funeral directing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael Trainor			Vice-President Name None		
Street Address 194 Posnegansett Ave.			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
Secretary Name Sheila Trainor			Treasurer Name Michael Trainor		
Street Address 191 Algonquin Drive			Street Address 194 Posnegansett Ave.		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Thomas Trainor			Director Name Michael Trainor		
Street Address 191 Algonquin Drive			Street Address 194 Posnegansett Ave.		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name None			Director Name None		
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.					

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.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 18 2013

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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 of Authorized Representative

Date

Michael Trainor

Print or Type Name of Authorized Representative