



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. <b>21869</b>		2. Exact name of the Corporation <b>KAROL A. ROMENSKI &amp; SON, INC.</b>						
3. Principal office address <b>342 HIGH STREET</b>		City <b>CENTRAL FALLS</b>	State <b>RI</b>	Zip <b>02863</b>				
4. Business Phone No. <b>401-722-7250</b>		5. State of Incorporation <b>RHODE ISLAND</b>						
6. Brief description of the character of business conducted in Rhode Island <b>FUNERAL HOME</b>								
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>								
President Name <b>CHARLES A. KOCZERA</b>		Vice-President Name <b>ANDREW C. KOCZERA</b>						
Street Address <b>80 FISHER ROAD # 46</b>		Street Address <b>91 HEROUX BOULEVARD</b>						
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>				
Secretary Name <b>ANDREW C. KOCZERA</b>		Treasurer Name <b>CHARLES A. KOCZERA</b>						
Street Address <b>91 HEROUX BOULEVARD</b>		Street Address <b>80 FISHER ROAD # 46</b>						
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>				
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>								
Director Name <b>CHARLES A. KOCZERA</b>		Director Name <b>ANDREW C. KOCZERA</b>						
Street Address <b>80 FISHER ROAD # 46</b>		Street Address <b>91 HEROUX BOULEVARD</b>						
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>CUMBERLAND</b>	State <b>RI</b>				
Director Name <b>MARLENE C. KOCZERA</b>		Director Name						
Street Address <b>80 FISHER ROAD # 46</b>		Street Address						
City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>	City	State				
<b>9. SHARES AUTHORIZED</b>								
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b>								
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 <b>85</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NONE</b>	

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: \_\_\_\_\_

**FILED**  
**JAN 23 2013**  
 BY 64806

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.

*Charles A. Koczera* 1/22/13  
 Signature of Authorized Representative Date

**CHARLES A. KOCZERA**  
 Print or Type Name of Authorized Representative