



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. 2680		2. Exact name of the Corporation Raymond J. Boucher Funeral Home Inc.			
3. Principal office address 272 Sayles Ave.			City Pascoag	State RI	Zip 02859
4. Business Phone No. 401-568-5760		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Undertaking, emblaming and directing					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Tod A. Gautreau			Vice-President Name Sandra C. Gautreau		
Street Address 272 Sayles Ave.			Street Address 272 Sayles Ave.		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Secretary Name Tod A. Gautreau			Treasurer Name Sandra C. Gautreau		
Street Address 272 Sayles Ave.			Street Address 272 Sayles Ave.		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 8 of instruction sheet. 600 Common No Par Value			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			250	Common	No Par

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: _____

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.

Sandra C. Gautreau 2/5/2013
 Signature of Authorized Representative Date

Sandra C. Gautreau
 Print or Type Name of Authorized Representative