



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. 143782		2. Exact name of the Corporation P-O Funeral Home, Inc.			
3. Principal office address 220 Cottage Street			City Pawtucket	State RI	Zip 02860
4. Business Phone No. (401) 723-4035		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island The operation of a funeral home, caretaker, cremation and other similar funeral services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John H. O'Neill			Vice-President Name John H. O'Neill		
Street Address 220 Cottage Street			Street Address same as above		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name John H. O'Neill			Treasurer Name John H. O'Neill		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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

File Date _____

Check No _____

By: _____ **BY 4956**

FEB 21 2013

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.

John H. O'Neill **2/13/13**
 Signature of Authorized Representative Date

John H. O'Neill, President

Print or Type Name of Authorized Representative

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