



**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. 16637		2. Exact name of the Corporation L. Heroux & Son, Inc.			
3. Principal office address 27 Ledge Street			City Central Falls	State RI	Zip 02863
4. Business Phone No. (401) 722-4376			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Operating Funeral Home and Conducting Funeral Services					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name Paul A. Gingras			Vice-President Name Madeleine L. Heroux		
Street Address 237 Hunts Avenue			Street Address 27 Ledge Street		
City Pawtucket	State RI	Zip 02861	City Central Falls	State RI	Zip 02863
Secretary Name Louise G. Liddle			Treasurer Name Madeleine L. Heroux		
Street Address 47 Montgomery Street			Street Address 27 Ledge Street		
City Warwick	State RI	Zip 02886	City Central Falls	State RI	Zip 02863
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name Paul A. Gingras			Director Name Madeleine L. Heroux		
Street Address 237 Hunts Avenue			Street Address 27 Ledge Street		
City Pawtucket	State RI	Zip 02861	City Central Falls	State RI	Zip 02863
Director Name Louise G. Liddle			Director Name		
Street Address 47 Montgomery Street			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></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	CLASS/SERIES	PAR VALUE
			100 Shares	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: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

APR 08 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.

*Madeleine L. Heroux* April 2, 2013  
 Signature of Authorized Representative Date  
 Madeleine L. Heroux

Print or Type Name of Authorized Representative  
 Vice President and Treasurer