



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 2724		2. Name of Corporation RUSSELL J. BOYLE & SON FUNERAL HOME, INC.			
3. Street Address Principal Business Office 331 Smith Street			City Providence	State RI	Zip 02908
4. Business Phone No. (401) 272-3100		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island ownership and operation of funeral home					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas C. Boyle			Vice President Name Thomas N. Goodwin		
Street Address 331 Smith Street			Street Address 331 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Helen M. Boyle			Treasurer Name Thomas C. Boyle		
Street Address 331 Smith Street			Street Address 331 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Thomas C. Boyle			Director Name Thomas N. Goodwin		
Street Address 331 Smith Street			Street Address 331 Smith Street		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Helen M. Boyle			Director Name		
Street Address 331 Smith Street			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMMON NO PAR VALUE			90	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

JAN 15 2014

BY

86395

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

Date

Thomas C. Boyle

Print or Type Name

President

Title

File Date _____
Check No. _____
By: _____

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