



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 **2015**

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. 140312		2. Exact name of the Corporation OCEAN STATE CREMATION SERVICES, INC.			
3. Principal office address 2435 WARWICK AVENUE			City WARWICK	State RI	Zip 02889
4. Business Phone No.			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TO PROVIDE CREMATION SERVICES					
7. OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MICHAEL F. QUINN			Vice-President Name JEROME D. QUINN		
Street Address 130 BRIARCLIFF AVENUE			Street Address 607 ALOGONQUIN DRIVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02888
Secretary Name PATRICK J. QUINN			Treasurer Name PATRICK J. QUINN		
Street Address 5 OAKWOOD DRIVE			Street Address 5 OAKWOOD DRIVE		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MICHAEL F. QUINN			Director Name JEROME F. QUINN		
Street Address 130 BRIARCLIFF AVENUE			Street Address 607 ALOGONQUIN DRIVE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02888
Director Name PATRICK J. QUINN			Director Name		
Street Address 5 OAKWOOD DRIVE			Street Address		
City EAST GREENWICH	State RI	Zip 02818	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
			1000	COMMON	NPV

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

MAR 13 2015

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.

Michael F. Quinn 3-9-15

Signature of Authorized Representative

Date

MICHAEL F. QUINN

Print or Type Name of Authorized Representative