



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. <u>540651</u>		2. Exact name of the Corporation <u>AURORA CASKET COMPANY, INC</u>		
3. Principal office address <u>10944 MARSH ROAD</u>		City <u>AURORA</u>	State <u>IN</u>	Zip <u>47001</u>
4. Business Phone No. <u>812-926-5685</u>		5. State of Incorporation <u>INDIANA</u>		
6. Brief description of the character of business conducted in Rhode Island <u>WHOLESALE DELIVERY OF BURIAL CASSETS</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>				
President Name <u>WILLIAM D. BACKMAN III</u>		Vice-President Name		
Street Address <u>10944 MARSH RD</u>		Street Address		
City <u>AURORA</u>	State <u>IN</u>	Zip <u>47001</u>	City	State
Secretary Name <u>JOHN C. BARCOTT</u>		Treasurer Name <u>THOMAS W. HEWITZ</u>		
Street Address <u>10944 MARSH RD</u>		Street Address <u>10944 MARSH RD</u>		
City <u>AURORA</u>	State <u>IN</u>	Zip <u>47001</u>	City <u>AURORA</u>	State <u>IN</u>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>				
Director Name <u>JERRY REICHERT</u>		Director Name		
Street Address <u>10944 MARSH RD</u>		Street Address		
City <u>AURORA</u>	State <u>IN</u>	Zip <u>47001</u>	City	State
Director Name <u>WILLIAM E. BARCOTT III</u>		Director Name		
Street Address <u>10944 MARSH RD</u>		Street Address		
City <u>AURORA</u>	State <u>IN</u>	Zip <u>47001</u>	City	State
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
<u>25000</u>		<u>NON-VOTING</u>		<u>0</u>
<u>1240</u>		<u>VOTING</u>		<u>0</u>

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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.

Signature of Authorized Representative [Signature] Date 10-29-2015

Print or Type Name of Authorized Representative THOMAS J. KIPNARZ

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