



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 2016

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. 1335715		2. Exact name of the Corporation Family's Choice Cremation, Inc.	
3. Principal office address 8 School House Road		City Warren	State RI
4. Business Phone No. (401) 451-0920		Zip 02885	
5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island Crematory services			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Catherine A. Tattrie		Vice-President Name None	
Street Address 8 School House Road		Street Address	
City Warren	State RI	Zip 02885	
Secretary Name Catherine A. Tattrie		Treasurer Name Catherine A. Tattrie	
Street Address 8 School House Road		Street Address 8 School House Road	
City Warren	State RI	Zip 02885	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Catherine A. Tattrie		Director Name None	
Street Address 8 School House Road		Street Address	
City Warren	State RI	Zip 02885	
Director Name None		Director Name None	
Street Address		Street Address	
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
		100	COMMON
		PAR VALUE	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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JAN 25 2016

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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.

Catherine A. Tattrie
Signature of Authorized Representative

Date

Catherine A. Tattrie, President

Print or Type Name of Authorized Representative