



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

2016

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 16528		2. Exact name of the Corporation WATSON FUNERAL HOME, INC.			
3. Principal office address 350 Willett Avenue		City East Providence	State RI	Zip 02915	
4. Business Phone No. 433-4400		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Funeral Home					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William R. Watson			Vice-President Name William R. Watson		
Street Address 350 Willett Avenue			Street Address 350 Willett Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name William R. Watson			Treasurer Name William R. Watson		
Street Address 350 Willett Avenue			Street Address 350 Willett Avenue		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name William R. Watson			Director Name		
Street Address 350 Willett Avenue			Street Address		
City East Providence	State RI	Zip 02915	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
			400	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.

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: *William R. Watson* Date: 2-12-16
 William R. Watson, President
 Print or Type Name of Authorized Representative

FILED

FEB 16 2016

By *KL 27207*

File Date _____
 Check No _____
 By: _____
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