



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

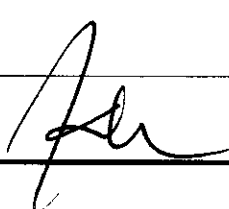
Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 9849		2. Exact name of the Corporation Memorial Funeral Home, Inc.			
3. Principal Office Address 375 Broadway		City Newport		State RI	Zip 02840
4. Business Phone Number 401-846-0698		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Funeral Service					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Robert S. Edenbach			Vice-President Name Kurt M. Edenbach		
Street Address 140 Cromwell Drive			Street Address PO Box 3403		
City Portsmouth	State RI	Zip 02871	City Newport	State RI	Zip 02840
Secretary Name Kurt M. Edenbach			Treasurer Name Christopher Edenbach		
Street Address PO Box 3403			Street Address 10 Fowler Ave		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 278	CLASS/SERIES CNP	PAR VALUE 1.00	
11. 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.					
Name of Authorized Representative Kurt Edenbach					Date 7/19/16
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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JUL 26 2016
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