RI SOS Filing Number: 201602617580 Date: 07/26/2016 4:00 PM

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	2. Exact name of the Corporation			
9849	Memorial Funeral Home, Inc.			
3. Principal Office Address		City	State	Zip
375 Broadway		Newport	RI	02840
4. Business Phone Number		5. State of Incorporation		
401-846-0698		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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	278	CNP	1.00
Changes require an additional filing.			

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	Date
Kurt Edenbach	7/19/16
Signature of Authorized Representative	

FILED
JUL 26 2016
27365

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 Revised