



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

Annual Report for the year: 2017  
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 18186		2. Exact name of the Corporation Merrick R. Williams Funeral Home, Inc.			
3. Principal Office Address 210 Taunton Avenue		City East Providence		State RI	Zip 02914
4. NAICS Code 54	6. Brief description of the character of business conducted in Rhode Island Funeral Home				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Charlene E. Williams			Vice-President Name Angell L. Williams		
Street Address 210 Taunton Avenue			Street Address 210 Taunton Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Merrick R. Williams			Treasurer Name Charlene E. Williams		
Street Address 210 Taunton Avenue			Street Address 210 Taunton Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Charlene E. Williams			Director Name		
Street Address 210 Taunton Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
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. 600 comm no par value Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 150	CLASS/SERIES common	PAR VALUE no par
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 Charlene E. Williams			Date Jan. 3, 2017		
Signature of Authorized Representative <i>Charlene E. Williams</i>			FILED JAN 06 2017 BY <i>2708DS</i>		

MAIL TO:  
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