

#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

NOTE CONTORATION ANNUAL REFURE FUR EUR EUR YEAR LOO	PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2005
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Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 12203 Smith-Mason Funeral Home, Inc. 3. Street Address Principal Business Office City State Zip 398 Willett Avenue Riverside RΙ 02915 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 433-2300 **RHODE ISLAND** 8532 7. Brief Description of the Character of Business Conducted in Rhode Island FUNERAL HOME 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Robert E. Mason James R. Melia Streef Address
6 Ledge Road Street Address 9 Ike Street State State Barrington 02806 Cumberland RΙ 02864 Secretary Name Treasurer Name Mark E. Mason Robert E. Mason Street Address Street Address 6 Ledge Road 6 Ledge Road City State 02806 Barrington RIBarrington RI 02806 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name XXXXXXXXXX Vice President May Z. Smith Street Address Street Address % 6 Ledge Road Zip City State Barrington RΙ 02806 Director Name Director Name Street Address Street Address State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES issued shares Number of Shares Class Series Par Value Number of Shares Class/Series Par Value 350 \$300.00 PAR VALUE, 500 NO PAR VALUE 140 Preferred \$300.00 230 Common This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Check No. FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare :	and affirm that I have e	xamined this report
including any accompanying sched		
contained hereingue true and correct		
Motive E	Marion	/lolos
Signature of Officer	<u> </u>	Dute
Tobert E.	Mason	
Print or Type Name of Officer		
President		
Title of Officer		
	Form	1 630 Rev. 12/03



Filing Period: January 1 - March 1

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

100 North Main Stree

PROFIT CORPORATIO	N.	ANNUAL	<b>REPORT</b>	<b>FOR</b>	THE	<b>YEAR</b>	_
Filing Period: January 1 - March 1	•	Filing Fee: \$5	0.00				

Corporations Divisio Providence, RI 02903-133 401.222.304 2004

1. Corporate ID No. <b>12203</b>	2. Name of Corpo	on Funeral Home, Inc.				
3. Street Address Principal Bus.			City	State	Zip	
398 Willett	Avenue		Riverside,	RI	02915	
4. Business Phone No. 5. State of Incorporation					6. SIC Code	
(401) 433–2300 RHODE ISLAN			n		8532	
7. Brief Description of the Char FUNERAL HOME	acter of Business Conducte	ed in Rhode Island	·		0332	
R. NAMES AND ADDRES	SSES OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT)     FILL IN :	SPACES BEFORE USING	ATTACHMENTS	
President Name	3020 01 1112 01110	ZAO. ( AZ ZOM TOK MZ	Vice President Name	JINCES BEI ORE COMO	MINICIPALINIS	
Robert E. Maso	n		May Z. Smith			
Street Address		<u>,</u>	Street Address			
6 Ledge Road			398 Willett A	lvenue		
City	State	Zip	City	State	Zip	
Barrington	RI	02806	Riverside,	RI	02915	
Secretary Name			Treasurer Name			
Robert E. Mas	on		•	Charles A. Mason		
Street Address			Street Address			
6 Ledge Road			398 Willett Avenue			
City	State	Zip	City	State	Zip	
Barrington	RI	02915	Riverside	RI	02915	
D. NAMES AND ADDRES  Director Name	SSES OF THE DIREC	CTORS: ("X" BOX FOR A	Director Name	SPACES BEFORE USIN	G ATTACHMENT	
treet Address		<u> </u>	Street Address			
City	State	Zip	City	State	Zip	
		J	Director Name		l	
Director Name						
Director Name			<u>:</u>			
-			Street Address	, mar 2 11 11 11 11 11 11 11 11 11 11 11 11 1		
Street Address	State	Zip	Street Address City	State	Zip	
itreet Address Lity			City	State "X" BOX FOR ATTACHI		
itreet Address itty  0. SHARES AUTHORIZ			City			
City  O. SHARES AUTHORIZ  AUTHORIZED SHARES			City  11. SHARES ISSUED (			
Director Name  Street Address  City  10. SHARES AUTHORIZ  AUTHORIZED SHARES  Number of Shares  350 \$300.00 PAR VALU	ED ("X" BOX FOR	ATTACHMENT)  Par Value	City  11. SHARES ISSUED ( ISSUED SHARES	"X" BOX FOR ATTACH	MENT)	

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declar	are and affirm that I have examined this repo
including any accompanying sc	hedules and statements, and that all statemen
contained herein are true and co	orrect.
Total Ex	arm Jan 13, 2004
Signature of Officer	Date
Robert E. Mason	President/Secretary

Print or Type Name of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No.

2. Name of Corporation

12203

Smith-Mason Funeral Home, Inc.

3. Street Address Principal Business Office

City

State

Zip

398 Willett Avenue

5. State of Incorporation

East Providence

RI

433-2300

RHODE ISLAND

8532

7. Brief Description of the Character of Business Conducted in Rhode Island

Funeral Home

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Robert E. Mason

Street Address

Secretary Name

Street Address

City

City

6 Ledge Road

City

Robert E. Mason

Barrington, RI

State RΙ

02806

City

**398 Willett Avenue** State

RI

02915

02915

Treasurer Name

Street Address

Vice President Name

Charles A. Mason

Riverside

May Z. Smith

Street Address

398 Willett Avenue

Barrington Riverside RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

6 Ledge Road

RI

State

02806

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Director Name

Street Address

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

Street Address

City

State

City

State

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

350 \$300.00 PAR VALUE, 500 NO PAR VALUE

350

Preferred

\$300.00

345

Common

NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and statements contained herein are true and correct.

President/Secretary

Robert E. Mason

Print or Type Name of Officer

Title of Officer

Form 630 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### 2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

iling Period: January 1–Mar	rch 1 •	Filing Fee: \$50.00	
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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

12203

Smith-Mason Funeral Home, Inc.

3. Street Address Principal Business Office

State

FILL IN SPACES BEFORE USING ATTACHMENTS

02915

398 Willett Avenue 4. Business Phone No.

5. State of Incorporation

RI

6. SIC Code

433-2300 7. Brief Description of the Character of Business Conducted in Rhode Island

RI

02906

8532

Funeral Home

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

Robert E. Mason Street Address

6 Ledge Road

City

Barrington

Secretary Name

Robert E. Mason

Street Address

6 Ledge Road

Barrington

State

RI

02806

City

Village Drive

May Z. Smith

East Providence

East Providence

02915

Treasurer Name

Charles A. Mason

East Providence

Street Address

Vice President Name

398 Willett Avenue

RI

02915

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name

City

City

Street Address

State

Street Address

Director Name

Street Address

City

State

Zip

Director Name

Street Address

State

Zip

City

State

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

350 @ \$300, 500 no par

350

Prefered

\$300.

245

Common

**NPV** 

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and gments contained herein are true and correct.

Signature of Officer

President/Secretary Robert E. Mason Print or Type Name of Officer

Title of Officer **€** 5

Form 630 12/01

<u>Mar. 15, 200</u>2

Date

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 12203 Smith-Mason Funeral Home, Inc. 3. Street Address Principal Business Office Zip State 398 Willett Avenue East Providence RI 02915 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 433-2300 7. Brief Description of the Character of Business Conducted in Rhode Island Funeral Home 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Robert E. Mason May Z. Smith Street Address Street Address 6 Ledge Road 48 Village Drive City State ZipCity Zip RI Barrington 02906 East Providence RI 02915 Secretary Name Treasurer Name Robert E. Mason Charles A. Mason Street Address Street Address 6 Ledge Road 398 Willett Avenue City City State State RI02806 Barrington Riverside RI 02915 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State City State Zip Director Name Director Name Street Address Street Address City Zip City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares Par Value Class/Series Par Value 350 @ \$300, 500 NO PAR 350 Prefered \$300.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

245



File Date:	4-9-01	
Check No.:	16950	
By:	2	
FOR SECRETARY C	F STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and contained herein are true and correct 23. Date

Common

NPV

Robert E. Mason President/Secretary

Print or Type Name of Officer

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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PLEASE INSTRUC	

(FORM MUST BE TYPED IN BLACK)

City	State
10. SHARES AUTI AUTHORIZED SHARES	HORIZED ("X" BOX FOR ATTACHM
Number of Shares	Class/Series
350 <b>a \$</b> 300,	. 500 NO PAR
This report must	be <b>signed in ink</b> by either th
	* 1 2 2 0 3 *
File Date:	/w/00
Check No	150203

FOR SECRETARY OF STATE USE ONLY

1. Corporate ID No.	2. Name of Corporation		·		
12203 3. Street Address Principal Business 398 Willett Ave	Office	Funeral Home, 1	Inc. City East Providenc	State e RI	zip 02915
4. Business Phone No.		5. State of Incorporation			6. SIC Code
433-2300		RHODE ISLAND			8532
7. Brief Description of the Characte Funeral Home	r of Business Conducted in Rho				
8. NAMES AND ADDRES President Name	SES OF THE OFFICEI	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEF Vice President Name	ORE USING ATTACH	MENTS
Robert E. Masor	ı		May Z. Smith		
Street Address			Street Address		
6 Ledge Road			48 Village Drive		
City	State	Zip	City	State	Zip
Barrington	RI	02806	East Providence	RI	02915
Secretary Name Robert E. Masor	1		Treasurer Name Charles A. Mas	on	
Street Address			Street Address		
6 Ledge Road			398 Willett Av	enue	
City	State	Zip	City	State	Zip
Barrington,	RI.	02816	Riverside	RI	02915
9. NAMES AND ADDRES Director Name	SES OF THE DIRECT	ORS ("X" BOX FOR ATTAC		EFORE USING ATTAC	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATTACHM	MENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
350 a \$300 500	NA DAD		250	Prefered	\$300.00

he President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

245

Title of Officer

Under penalty of perjury, I declare as	nd affirm that I have examined
this report, including any accompan	ying schedules and statements, an
that all statements contained herein	are true and correct.
Total Est own	2/23/00
Signature of Officer	Date
Robert E. Mason	President/Secreta
Print or Type Name of Officer	

Common

Form 630 12/96

NPV

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### 1999 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

(FORM MUST BE TYPED IN BL 1. Corporate ID No.	2. Name of Corpora	ation			
12203		on Funeral Home, In	IC.		
3. Street Address Principal Busines			City	State	Zip
398 Willett Ave	nue		East Providence	RΙ	02915
4. Business Phone No. 433-2300		5. State of Incorporatio Rhode I			6. SIC Code <b>8532</b>
7. Brief Description of the Charact	er of Rusiness Conducted		er e		
Funeral Home	er of Dasiness Conducted	W MIORE ISMAM			
	SSES OF THE OFF	ICERS ("X" BOX FOR ATT)	ACHMENT) FILL IN SPACES I	SEFORE USING ATTACH	MENTS
President Name		e e proposition de la company de la comp	Vice President Name	a kina a abhain a tha Antain Birlitain Albanach an ann an aire	
Robert E. Mason	L		May Z. Smith		
Street Address			Street Address		
6 Ledge Road			15 Hanson Road		
City	State	Zip	City	State	Zip
Barrington	RI	02806	Barrington	RI	02806
Secretary Name Robert E. Mason	[		Treasurer Name Charles A. Mas	son	
Street Address 6 Ledge Road			Street Address 398 Willett Av	venue	
City	State	Zip	City	State	Zip
Barrington	RΙ	02806	Riverside	RI	02915
9. NAMES AND ADDRES Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTAC	HMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		•	Director Name		e de la compansión de l
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*:	X" BOX FOR ATTACHMENT).	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
350 @ \$300, 500 NC	PAR		250	Dfd	¢200 00
			350	Prefered	\$300.00
			245	Common	NPV
This report must be <b>sigr</b>	ned in ink by eith	ner the President, Vic	e President, Secretary, Assis	stant Secretary, Treasur	er, Receiver or Trust
	1 2 2 0	<b>        </b>	Under penalty of per	jury, I declare and affirm t	that I have examined
· ·	1an 1,00	7	<i>f</i> 1 71	g any accompanying sched	
File Date:	1347	7	Signature of Officer	A VIJAN	Pate
Check No.:	, Own	<u></u>	Charles A.	Mason Trea	surer
	( XX )		Print or Type Name of Off	icer	

Treasurer

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

1998

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

 Corporate ID No. 12203 Name of Corporation Smith-Mason Funeral Home, Inc. Zip City State 3. Street Address Principal Business Office 398 Willett Avenue 02915 Riverside RI 4. Business Phone No. (401) 433-2300 7. Brief Description of the Character of Business Conducted in Rhode Island Funeral Service 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name May Z. Smith Robert E. Mason Street Address Street Address 15 Hanson Road 6 Ledge Road Zip State Zip City City 02806 02806 RIRΙ Barrington Barrington Treasurer Name Secretary Name Charles A. Mason Robert E. Mason Street Address Street Address 398 Willett Avenue 6 Ledge Road ZipCity State 02915 Riverside RI 02806 RIBarrington 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name none Street Address Street Address State Zip City State Zip City Director Name Director Name Street Address Street Address Zip City State State City

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Class/Series Par Value Number of Shares \$300.00 Prefered 350

Number of Shares 350

ESSUED SHARES

Class/Series Prefered

\$300.00

Par Value

500

Common

NPV

Common

245

NPV

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truster



File Date:

Check No .:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Signature of Officer

<u>Robert E. Mason</u> Print or Type Name of Officer

President/Secretary

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

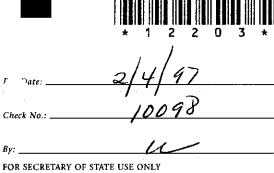
2/27/98

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

### PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

	500	Common	NPV	245	Common	NPV
SEE NOTES	350	Prefered	\$300.00	350	Prefered	\$300.00
Number of Shares		Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10. SHARES AUTHO	ORIZEL	AND ISSUED (	"X" BOX FOR ATTACHMENT)	ISSUED SHARES		
Dity	•	State	Zip	City	State	Zip
Street Address			·	Street Address		
Director Name				Director Name		
City		State	Zìp	City	State	Zip
St <del>l</del> dress				Street Address		
9. NAMES AND AL Director Name	DRESS	ES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) Director Name		
Barrington		State RI	<sup>zip</sup> 02806	Riverside	State RI	zip 02915
6 Ledge Roa	d			398 Willett	the state of the s	
Robert E. M Street Address	ason	. :		Charles A. M Street Address	ason	
Secretary Name	·			Treasurer Name		
Barrington		RI	02806	Barrington	RI	02806
6 Ledge Roa	.d	State	Zip	15 Hanson Road	State	Zip
Street Address				Street Address		
President Name Robert E. M	lason			Vice President Name May Z. Smith		
8. NAMES AND AI		SES OF THE OFF	ICERS ("X" BOX FOR ATTA	СНМЕПТ)		
7. Brief Description of the Funeral Ser		of Business Conducted	in Rhode Island			
(401) 433-2			RHODE ISLA	AND		8532
4. Business Phone No.	AVE	iue	5. State of Incorporation	and the second s	· VI	02915 6. SIC Code
3. Street Address Principal 398 Willett				<sup>City</sup> Riverside	State RI	2ip
			son Funeral Home, I			
12203		A 141- 141-				



Under penalty of perfury, 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.

Date

(1) 5A

Robert E. Mason

Print or Type Name of Officer

Signature of Officer

President/Secretary 2/3/97
Title of Officer

.

..... 21 12/07

### PROFIT CORPORATION ANNUAL REPORT

1996



#### State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1 Filing Fee: \$50.00

1. CORPORATE ID NO.	2. NAME OF CORPORA	PLEASE TYPE OR PR	IINI IN DLAUK INK.	enteres anno time timbre i ancienti massaria accidente del colori pagago, a	entro i consideratori de estato i considera compania de la seconda de la compania de la compania de la compani
12203	Smi	th-Mason Funeral Ho	ome. Inc.		
3. STREET ADDRESS PRINCIPAL BUSINI			CITY	STATE	ZIP CODE
398 Willett	Avenue	The state of the district of the state of th	Riverside	RI	02915
4. BUSINESS PHONE NO.  (401) 433–23 7. BRIEF DESCRIPTION OF THE CHARACT		5. STATE OF INCORPORATION RHODE ISL NHODE ISLAND	AND		6. SIC CODE 8532
Funeral Serv		NAMES AND ADDRE	S S E S O F T H E O	FFICERS	
Robert E. Ma	and an experience of the street of the second secon	The state of the s	May Z. Smith	The state contribution of the first state of the state of	erroren oleh monton oleh mendelan sebia dan sebia d
6 Ledge Road			15 Hanson	Road	
Barrington ECRETARY NAME		ZIP CODE 02806	CITY Barrington TREASURER NAME		ZIP CODE 02806
Robert E. Mas			Charles A. Mas		masmie () su armen ume () mesem <del>se me</del> n eus ume
freet ADDRESS 6 Ledge Road	The second secon		STREET ADDRESS 398 Willett Av	enue	r kommitte met er en er en samt stander i stander en stander en system og en system en se en
Barrington	STATE RI	ZIP CODE 02806	Riverside	STATE RI	ZIP CODE 02915
RECTOR NAME		Proposition of the state of the	S S E S O F T H E D  DIRECTOR NAME  STREET ADDRESS		
πΥ	STATE	ZIP CODE	City	STATE	ZIP CODE
IRECTOR NAME		and the second state of the second	DIRECTOR NAME		y de la companya de l
TREET ADDRESS	en Maria (Maria), esta esta esta esta esta esta esta esta	a transfer of section of the section	STREET ADORESS	errer et manne et de le colon et est le general denne	
ήΥ	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	1 0 . Authorized share	SHARES AUTHORIZ	ED AND ISSUE	ISSUED SHARES	ter som en
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
350 Pr	refered	\$300.00	350	Prefered	\$300.00
500 Cc	ommon	NPV	245	Common	NPV
				,	

File Date:

2/9/96

For Secretary of State Use Only

Check No:

Ву:

ccty

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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.

Signature of Officer

Robert E. Mason Print or Type Name of Officer

President/Secretary

2/7/96

Title of Officer

Date

#### State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

0012203

Comorate ID:

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

1995

#### ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:		Annual Report for the year:				
N	Smith-Mason Funeral Ho	ome, Inc.				
Name of Corporation:			e e e e e e e e e e e e e e e			
Business entity organized under the		Business Entity is (check one):				
For foreign entity, address and telep	hone number of principal office:	[XX] Business Corporation (See RIGL Chapter	·			
		[ ] Professional Service Corporation (See R	RIGL Chapter 7-5.1)			
S 200 2 000 1800 AU 000 000 000 000 000 000 000 000 00	eren er er					
Phone: ( )	en e	Brief statement of the character of business co	onducted in Rhode Island:			
Address and telephone of the princip	pal office of business entity in Rhode	Funeral Home				
Island (Provide street address - Not	P.O. Box):					
398 Willett Avenue East Providence,		w.e.	We consider the second			
Last Trovidence,	R 1 02913	and the second s	And the second second second			
Phone: (401) 433-2300			10 - 10 - 10g - Mg			
Phone: (40+) 455-2500	we will be a second of the sec					
	THE NAMES OF TE	HE OFFICERS ARE:				
PRESIDENT	STREET ADD		ZIP CODE			
Robert E. Mason	6 Ledge Road	Barrington, R I	02806			
VICE PRESIDENT May Z. Smith	15 Hanson Road		02806			
SECRETARY	STREET ADD	DRESS CITY/STATE	ZIP CODE			
Robert E. Mason	6 Ledge Road	Barrington, R I	02806			
TREASURER	STREET ADD		ZIP CODE			
Charles A. Mason	398 Willett Aven	nue Riverside, R I	02915			
	THE NAMES OF THI					
NAME	STREET ADD		ZIP CODE			
Robert E. Mason	6 Ledge Road	Barrington, R I	02806			
NAME Chamles A Messes	STREET ADD		ZIP CODE			
Charles A. Mason	398 Willett Aven		02915			
May Z. Smith	STREET ADD		ZIP CODE			
ray 2. Shitth	15 Hanson Road	Barrington, R I	02806			
NUMBER OF SHARES AUTHORIZE	D (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTAND	ING (Rider may be attached)			
Number of Shares Cl	lass / Series	Number of Shares Class / Series				
350 Preferred		350 Prefered				
500 Common		345 Common				
J. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						
January 24	0.5	72 Sul				
Date	, 19 <u>95</u> By:	1 (8 feet et / agor				
		Robert E. Mason PENAME OF OFFICER SIGNING	· · · · · · · · · · · · · · · · · · ·			
Form 31 1/95		TIGER GIOLING				
	DESIGNATED REGISTERED AGE	<u>secretary</u>				
	- PESIGNALED KEGISLEKED AGE	AND FUR BERVIUE OF PROCESS:				

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOHA A. REID, 111 270 HOSP. TR. TOWER. PROVIDENCE RI 02903

#### PLEASE TYPE OF PHINT ( ) "

State of Rhode Island and Providence Plantations
Office of The Sanatan (2) Office of The Secretary of State

LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

1994

### 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	A	nnual Report for t	the year	:	19	94	
•		Smith-Ma	=		Home,	Inc.	
Name of Business Entity:							
Business entity organized under the laws of the State of: Rhode I	<u>Island</u>	Business Entity					
Federal Taxpayer Identification Number:				rporation (See I Service Corpor			ter 7-5.1)
For foreign entity, address and telephone number of principal office:		[ ] Lim	ited Liab	ility Company	(See RIGL	7-16)	,
To foreign child, addition and telephone names of possession		Name, title and			act person to	whom	
		communications John I	-				
				Frust Towe	ar		
Phone: ( )		Provid					
Address and telephone of the principal office of business entity in RI	hode						
Island (Provide street address - Not P.O. Box):	1000	Brief statement	of the ch	aracter of busin	ness conduct	ted in Rhod	e Island:
398 Willett Avenue		Funera	al Ser	rvice and	related	d busine	ess
Riverside, RI 02915							
		Date of Organization		October			
Phone: ( 401) 433-2300		Date of Qualific	ation to	do business in I	Rhode Islan	d (if foreign	entity):
THE NA	MES OF THE STREET ADDRE	OFFICERS AF	RE:	CITY/STATE			ZIP CODE
	Ledge Roa	d	Barr	rington.	RI	2806	310 5000
		_				2806	ZIP CODE
May Z. Smith 15 ☐ CUSTODIAN OF RECORDS OR SECRETARY (Check One)	Hanson Ro STREET ADDRE	ss	Barı	cington I	<u> </u>	12000	ZIP CODE
Robert E. Mason 6	Ledge Roa	<u>d</u>	Barr	rington, I	RIC	12806	ZIP CODE
	Monmouth		Rive	erside, R	E 02915	5	
THE NAM	MES OF THE	DIRECTORS A	RE:	CITY/STATE			ZIP CODE
NAME							
NAME	STREET ADDRE	SS		CITY/STATE			ZIP CODE
NAME	STREET ADDRE	ess		CITY/STATE			ZIP CODF
NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHA	ARES IS:	SUED AND O	UTSTAND	ING (If App	olicable)
NUMBER 350 Prefered		NUMBER	350	Prefered Common	ì		
500 Common CLASS		CLASS	345	COMMICIT			
SERIES		SERIES					
PAR VALUE OR Prefered \$300.00		PAR VALUE OR		refered		300.00	
WITHOUT PAR Common NPV		WITHOUT PAR	Co	оптоп	NPV	<u>'</u>	
	_	7		- 4			
Date March 7, 1994 19	By:	1 ful	ر-ک	Haron			
	PRINT OR TYPE	Robert E. Ma NAME OF OFFICER SIGN	LSON	Sec	retary		
	TITLE OF OFFIC	ER SIGNING					
DESIGNATED REGISTERED (	OD DESIDEN	T ACENT FOD	SEDVI	ICE OF PPC	CESS.		
DESIGNATED REGISTERED C	OK KESIDEN	I AGENT FOR	SERV	CEOFIAC	, CEC130+		

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent. Form 9 or Form LLC 3 must be filed.

JOHN H. REID, III 270 HOSP. TR. TOWER. PROVIDENCE RI 02903

# State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	PROVIDENCE, RHODE	Annual Report for the year	1993
	corporation is	Smith-Mason Funeral	
THIRD: Character of bu	siness, briefly stated, isF	Rhode Island	
		cipal officen/a	
FIFTH: Business address	ss in Rhode Island39	8 Willett Avenue Box 4517 Riverside, RI 02915	
Sixth: Names and ad	dresses of its directors and o		(Attach rider if necessary)
	Director		
	Director		
	Director		RT 02806
	D. Annt	6 Ledge Road Barrington	on RT 02806
May Z. Smith	Vice Preside	nt 15 Hanson Road Barringt	on RT 02806
Robert E. Mason	Secretary	O LOGEO	
Charles A. Mason	Treasurer	38 Monmouth Drive Riv	Par Value
= -	of Shares authorized:	FEB 1 6 1993	or statement that shares are without par value
No. of Shares 350	Class Prefered	SEC'Y OF STATE	\$300.00 NPV
500	Common		Par Value
	of Shares issued:		or statement that shares are without par value
No. of Shares	Class Profered	Series	\$300.00 NPV
345	Common	Smith-Mason Funera	
Dated February 11.	19 93	(Name of Corporation)  By	Luc

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0012203	Annual Report for the	year1992
FIRST: The name	e of the corporation is	Smith-Mason Fun	eral Home. Inc
Second: It is inc	corporated under the laws of	Rhode Island	
THIRD: Characte	er of business, briefly stated, is	Funeral Directing and Asso	ociated Practices
FOURTH: If foreign	gn corporation, address of its p	rincipal officen/a	
Fifth: Business a	address in Rhode Island398.	Willett Avenue P.O. Box 45	517
	Riversid	le, R.I. 02915	
SIXTH: Names ar	nd addresses of its directors and	l officers: Address (including num	(Attach rider if necessary) aber, street, zip code)
	Director		
	Director		
	Director		
Robert E. M	lason President	6 Ledge Road Barringt	on, R.I. 02806
May z. Smit	h Vice Preside	ent 15 Hanson Road Barring	gton, R.I. 02806
Robert E. M	lason Secretary	6 Ledge Road Barringt	on, R.I. 02806
Charles A.		38 Monmouth Drive Rive	erside, R.I. 02915
SEVENTH: Numb	er of Shares authorized:		Par Value
No. of Shares	Class	PAID Series	or statement that shares are without par value
350	Prefered	FEB 1 4 1992	\$300.00
500	Common	SEC'Y OF STATE	NPV
Eighth: Number	r of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
350	Prefered		\$300.00
345 <b>Dated</b> February	Common 12,	Smith-MasonFuneralHome.	NPV
		(Name of Corporation)	lan
		By President/Secretary	<u> </u>
(Report must b	be signed by an officer)	Title President/Secretary	

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0012203	Annual Report for the ye	ar1991
FIRST: The name o	of the corporation is	Swith-Mason Funer	al Home, Inc
SECOND: It is incor	porated under the laws of	Rhode Island	
THIRD: Character of	of business, briefly stated, is	Funeral Directing and	_associated_practices
FOURTH: If foreign	corporation, address of its pri	ncipal officen/a	
Fifth: Business add	dress in Rhode Island398 W	illett Avenue P.O. Box 451	7
	Riverside, R	.I. 02915	
SIXTH: Names and	addresses of its directors and o	officers: Address (including number	(Attach rider if necessary) r, street, zip code)
	Director		
	Director		
	Director		
Robert E. Mason	President	6 Ledge Road Barrington,	R.I. 08206
May Z. Smith	Vice Presiden	t 15 Hanson Road Barri	ngton, R.I. 02806
Dahamt E Maari	Secretary	6 Ledge Road Barringto	on, R.I. 02806
Charles A. Mason	Treasurer	38 Monmouth Drive River	rside, R.I. 02915
	of Shares authorized:	Series PAID FEB 13 1991 SECY OF STATE	Par Value or statement that shares are without
No. of Shares 350	Class Prefered	Senes CFR 13 1991	par value \$300.00
500	Common	TOW OF STATE	NPV
Eighth: Number of	f Shares issued:	SECTO	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
350 345	Prefered Common		\$300.00 NPV
n l		Smith-Mason Funeral Hor	
Dated February	***************************************	ame of Corporation)	ac, 111C.
	Ву	1(8h) E	Man
(Report must be si		de President/Secretary	

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0012	2203	Annual Report for the year 1990
First: The name of	of the corporation is	Smith-Mason Funeral Home, Inc.
SECOND: It is income	rporated under the laws of	Rhode Island
THIRD: Character	of business, briefly stated, i	s Funeral Directing and Associated Practices
FOURTH: If foreign	corporation, address of its	s principal officen/a
FIFTH: Business ad		398 Willett Avenue P.O. Box 4517
Name	addresses of its directors a	(,
	Director Director	
	Director	
	President	
	Vice Pres	
Robert E. M	ason Secretary	6 Ledge Road Barrington, R.I. 02806
Charles A. Ma	sonTreasurer	•
SEVENTH: Number	of Shares authorized:	Par Value or statement that
No. of Shares 3 <b>50</b>	Class <b>Prefere</b> d	shares are without par value \$300.00
500	Common S	SEC. NPV
•	f Shares issued:	Par Value or statement that
No. of Shares 350	Class Prefered	shares are without Series par value \$300.00
345	Common	NPV
DatedFebruary6,		Smith-Mason Funeral Home, Inc. (Name of Corporation)  By President/Secretary  Title

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET

		VIDENCE, RHO	DE ISLAND 02903	30.
Corporate ID	012203		Annual Report for the year	ar989
First: The nam	e of the corporation i	.S	Smith-Mason Funeral H	dome, Inc.
SECOND: It is in-	corporated under the	laws of	Rhode Island	
THIRD: Characte	er of business, briefly	stated, is	Funeral	Directing and
		associated	l practices	
FOURTH: If forei	gn corporation, addre		cipal officen/a	
FIFTH: Business	address in Rhode Isla		Villett Avenue P.O. Box 45	
		Riverside,	, R.I. 02915	
SIXTH: Names an	nd addresses of its dir	ectors and of	fficers: Address (including number	(Attach rider if necessary)
	D	rirector		
	D	rirector		
	D	rirector		
Robert E. Mason	Pı	resident	6 Ledge Road Barrington,	R.I. 02806
May Z. Smith	V	ice President	15 Hanson Road Barringto	n, R.I. 02806
Robert E. Mason	Se	ecretary	6 Ledge Road Barrington,	R.I. 02806
Charles A. Mason	1T1	reasurer	38 Monmouth Drive Rivers	ide, R.I. 02915
SEVENTH: Number	er of Shares authorize	ed:	Series	Par Value or statement that shares are without par value
350 500	Prefered Common			\$300.00 NPV
EIGHTH: Number	of Shares issued:		Series FEB 17 1900	Par Value or statement that shares are without
350 345	Prefered Common		Series FEB 11 1900	\$300.00 NPV
Dated February 1	5,1989 19	(Nan	Smith-MasonFuneralHome ne of Corporation)	, Inc.
		Ву		haron

President/Secretary

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID		Annual Report for t	Annual Report for the year 198			
First: The name of	of the corporation is	Smith-Mason Fune	rol Hamer Inc.			
SECOND: It is inco	rporated under the laws	of Sno	de laland			
THIRD: Character	of business, briefly state	d, is				
	Funeral Home					
FOURTH: If foreign	corporation, address of	f its principal office				
FIFTH: Business ad	dress in Rhode Island					
398 Willette	Avenue East Provi	idence, R I 02915				
SIXTH: Names and	addresses of its director		(Attach rider if necessary) number, street, zip code)			
	Direct	or				
	Direct	or /				
	Direct	or				
Robert E. Mason	Preside	ent 6 Ledge Road Barring	ton, R I 02806			
May Z. Smith	Vice P	resident 15 Hanson Road Barr	ington, R I 02806			
Robert E. Mason						
Charles A Mason	Treasu	· •	ast Providence, R I 02915			
Seventh: Number	of Shares authorized:		Par Value			
No. of Shares	Class	PAIDeries	or statement that shares are without par value			
500	Common	MAR 07 1988	None			
Еіднтн: Number o	f Shares issued:	SEC'Y OF STATE	Par Value or statement that shares are without			
No. of Shares	Class	Series	par value			
345	Common		None			
Dated February 20	1988	Smith-Mason Funera	1 Home Inc.			
(Papart must be a	igned by an officer)	By	.(			

Form 31 1/85

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID12203		Annual Report for the year	1987
FIRST: The name	of the corporation isSm	uith-Mason Funeral Home, Inc	
SECOND: It is inco	orporated under the laws of	Rhode Island	
THIRD: Character	of business, briefly stated, i	S	
	Funeral Home		
FOURTH: If foreig	-	s principal office	
FIFTH: Business ac			
	398 Willett Avenue	Riverside, R I 02915	
SIXTH: Names and	d addresses of its directors a		(Attach rider if necessary)
	Director		
	Director		
	Director		
Robert E. Mason	President	6 Ledge Road Barrington,	R I 02806
May Z. Smith	Vice Pres	ident 15 Hanson Road Barrington	, R I 02806
Robert E. Mason	Secretary	6 Ledge Road Barrington,	R I 02806
Charles A. Mason	Treasurer		de, R.I02915
Seventh: Number	of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
500	Common	PAID	None None
			IIN 08 198
EIGHTH: Number of	of Shares issued:	MAR 06 1987	Par Value or statement that
No. of Shares	Class	SEC'Y. OF STATE	shares are without par value
345	Common		None
Dated February 26		Smith Liason Funaral Home (Name of Officerical)  By	Inc.
(Report must be	signed by an officer)	Title Treasurer	

# State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID	12203	***************************************	•••••	Annual Rep	ort for the ye	ar
		corporation is	Smith-Ma	ason Funeral I	Home, Inc.	
Second:	It is incorpora	ted under the law	/s of	Rhođe Is	sland	
Third:						•••••
		iated pract	<b>.</b>			
Fourth:	*******************				_	
Fігтн: I	Business address	in Rhode Island	398 Wil	lett Avenue	P.O. Bo	x 4517
,,		Rivers	ide, R.I	. 02915		
Sіхтн: 1	Names and addr	esses of its director	ors and offic		ss (including number	(Attach rider if necessary)
		Direc	ctor			
.,		Direc	ctor			
		Direc	ctor	***************************************		
Robert	E. Mason	Presi	dent	6 Ledge Roa	d Barrin	gton, R.I. 02806
						ington, R.I. 0280
	E. Mason		_			ton, R.I. 02806
	A. Mason	Secre	, tui j	**************************************		verside,R.I. 0291
	***************************************		surci		<del></del>	
SEVENTH:	Number of Sl	nares authorized:				Par Value or statement that shares are without
No. of Share	es	Class		Series		par value
350 500			om Çal	<i>וח</i> מ	5 1986	\$300.00 NPV
Еіднтн:	Number of Sha	res issued:	3/14/86	HLL	i R	Par Value or statement that
No. of Share	es	Class	ক 10	Series	M.	shares are without par value
350 350		Prefered Common	<b></b> 75			\$300.00 NPV
DatedPebru	ary 19,1986	17	Sm. Sm.	ith-Mason F.	uneral H	ome Inc.
(Ren	oort must be signed	hy an officer)	Title	President	-Secretar	ry

### State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

	Anr	nual Report for	the year 1985
FIRST: The name of	of the corporation is	mith-Mason	Funeral Home Inc.
SECOND: It is inco	rporated under the la	ws of Rhode	Island
	Funeral Servic	e	
Fourth: If foreig	n corporation, addres	s of its princip	al office
FIFTH: Business a			ts will be mailed to this
•	addresses of its dire		
(Addresses	must include street and n	umber, if any)	
Name	Office		Address
	Director		
	Director		
	Director		
Robert E. Mason	President	6 Ledge Rd	. Barrington, R.I. 02806
May Z. Smith	Vice President	15 Hanson F	Rd. Barrington, R.I.02806
Robert E. Mason			Barrington, R.I.02806
Charles A. Mason (If additional space is neede	Treasurer	38 Monmouth	n Drive Riverside,R.I.029]
SEVENTH: Number	of Shares authorized	l: Series	Par Value or statement that shares are without par value
500	Common		None
EIGHTH: Number (	of Shares issued:	Series	Par Value or statement that shares are without par value
350	Common		None
Dated: January 18	01/21/85 By Title	(Name of Opporation of Control of	A Musen

#### State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984 Smith-Mason Funeral Home Inc. FIRST: The name of the corporation is ID # 12203 SECOND: It is incorporated under the laws of Rhode Island THIRD: Character of business, briefly stated, is Funeral Service FOURTH: If foreign corporation, address of its principal office FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 398 Willett Avenue Riverside, R. I. 02915 SIXTH: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Address Name ..... Director Director Director 6 Ledge Rd. Barrington, R.I.02806 Robert E. Mason President Vice President 15 Hanson Rd. Barrington, R.I. 02806 May Z. Smith 6 Ledge Rd. Barrington, R.I. 02806 Robert E. Mason Secretary Charles A. Mason 38 Monmouth Dr. Riverside, R.I.02915 Treasurer (If additional space is needed, attach rider) Par Value or statement that shares are without par value SEVENTH: Number of Shares authorized: No. of Shares Class esamon none 500 Par Value or statement that shares are without EIGHTH: Number of Shares issued: Class par value No. of Shares Series 350 COMMON none **3**9...85 Smith-Mason Funeral Home Inc. Dated: Treasurer Title (Report must be signed by an officer) If the corporation has changed to registered office and/or its registered agent,

Form #9 must be filed. Pleasemontact Corporation Division for information. 277-3040

Filing fee: \$15.00

#### State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

				Annual Report for	r the year 1902
FIRST	: The n	ame of the	e corporatio	on is	
4017414144414477-41-41-41-41-41-41-41-41-41-41-41-41-41-	···	ROYCE R	. SMITH F	UNERAL HOME, IN	C•
Secon	D: It is	incorpor	ated under	the laws of Rhod	e <sup>I</sup> sland
THIRD					ral Directing
an	dassoc	iated p	ractices	7	
Fourt	H: If f	oreign co	rporation,	address of its princi	pal office n/a
Fifth	: Busin	ess addre	ss in Rhode	e Island (blank repo	orts will be mailed to this
address)	398 Wil	lett Ave	enue P.C	). Box 4517 Riv	erside, R.I. 02915
Sixth				ts directors and off	
	(Addı	resses must	include stree	t and number, if any)	
	Name	·	Office		Address
			Director		
***************************************			Director		
Royce R.	Smith		Director	Hanson Road	Barrington, R.I. 0280
Robert E	. Mason		President	6 Ledge <sup>R</sup> oa	d Barrington, R.I. 0280
M <sub>ay Z.</sub> Smi	th		. Vice Pres	sident Hanson R	oad Barrington, R.I. 02
Robert	E. Maso	n	Secretary	6 <sup>L</sup> edge Ro	ad Barrington, R.I. 028
Charles A	• <sup>M</sup> ason		. Treasure	38 Monmouth	Drive P.O. Box 4518 ide, R.I. 02915
Seven	гн: Nu	mber of S	Shares autl	horized:	Par Value
No. of S	Shares		Class	Series	or statement that shares are without par value
35 50		Pres Com	fered non		\$300.00 NPV
Еіснті	ı: Num	ber of Sh	ares issue	d:	Par Value or statement that shares are without
No. of S	Shares		Class	Series	par value
35 35		C <sub>om</sub>	fered non	2 = 83	\$300 <b>.</b> 00 NPV
Dated: Fe	bruary	16,	19.83	Royce R. Sm	eith Funeral Home Inc.
		MAR	1 1983	Title Presiden	t-Secretary
			De		ne signed by an officer)
			1	(1.0pp.1.1.1031 E	agree of an enterin

### State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

		Annual Report fo	r the year 1981 / 98 2
First: '	The name of the corpora	ation is Royce R. S	mith Funeral Home, Inc.
SECOND: THIRD:			de Island
Fourth:	If foreign corporation	n, address of its princ	cipal office
			orts will be mailed to this erside, R.I. 02915
Sixth:	Names and addresses o	f its directors and off	ficers:
~	(Addresses must include s		
N	ame Office		Address
Royce R. Sm Robert E. M May Z. Smit Robert E. M Charles A.! (If additional space	ason Preside  h Vice Prason Secreta  Mason Treasu e is needed, attach rider)  Number of Shares ar	or Hanson Roa ent 6 Ledge Ro resident Hanson Ro ary 6 Ledge Ro rer 38 Monmou	d Barrington, R.I. 02806 ad Barrington, R.I. 02806 ad Barrington, R.I. 02806 ad Barrington, R.I. th Road Riverside, R.I. 0291  Par Value or statement that shares are without par value \$300.00 N.P.V.
EIGHTH: No. of Shar 350 350	Number of Shares iss es Class Prefered Common	Series	Par Value or statement that shares are without par value  \$300.00 N.P.V.
Dated: Janua	ery 5, 19 82	Name of Corporati	ent-Secretary be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Form 31 11-80

## State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

#### ANNUAL REPORT

OF

	·	Or	
Roy	ce R. Smith F	uneral Home Inc	
amended, the undersigned	$\operatorname{ed}$ corporation he	reby submits the f	General Laws, 1956, as following annual report: ith Funeral Home Inc.
			sland
THIRD: The addre			land is
and the name of its reg	istered agent in l venue Riversi	Rhode Island at suc de, R.I. 02915	h address is
			rincipal office in the state
FIFTH: The chara Island, briefly stated, is	acter of the busin Funeral B	ess in which it is acusiness	ctually engaged in Rhode
SIXTH: The name:	s and respective a		etors and officers are:
		***	
loyce R. Smith			ad Barrington, R.I. 02806
obert E. Mason		-	oad Barrington, R.I. 02806
	Vice Pres	/ I + . D -	oad Barrington, R.I. 02806 ad Barrington, R.I. 02806
Charles A. Mason	Treasure	r 38 Monmout	h Dr. Riverside, R.I. 02915
SEVENTH: The agg by classes, par value of sh	regate number of s ares, shares witho	hares which it has a ut par value,and seri	uthority to issue, itemized es,if any,within a class,is: Par Value per Share
Number of Shares	Class	2 Series	or Statement that Shares are without Par Value
350 500	Prefered Common	81	\$300.00 N.P.V.
		6498A14.	FEB _ p/32)
		• •	FEB JAN

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Number of Shares	Class	Series	or Statement that Shares are without Par Value
350	Prefered		\$300,00
350	Common		$N_{\bullet}P_{\bullet}V_{\bullet}$

Dated February 4, ,19 81 Royce R. Smith Funeral Home Inc.

Its Secretary

Form 31 8-79

### State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

#### ANNUAL REPORT

OF

	OI.		
Royce	R. Smith Funeral	Home Inc.	
amended, the undersi-	gned corporation herel	by submits the	e General Laws, 1956, as following annual report:
FIRST: The nam	e of the corporation is INCORPORA		TH FUNERAL HOME
SECOND: It is is	ncorporated under the	laws of Rhode	e Island
THIRD: The add	ress of its registered off	ice in Rhode Isla	ndis 398 Willett
and the name of its reg John H. Reid II	istered agent in Rhode I		address is
			rincipal office in the state or
FIFTH: The cha	racter of the business s Funeral Busi	in which it is	actually engaged in Rhode
Name	nes and respective addr	esses of its direc	etors and officers are:
		***************************************	
Royce R. Smith			nes Dr. Barrington, R.I.
Robert E. Mason			oad Barrington,R.I.
Von 7 Smith	Vice Preside		ines Dr. Barrington, R.I.
Robert E. Mason		6 Ledge R	oad Barrington, R.I.
Charles A. Mason		38 Monmou	th Dr. Riverside, R.I.
SEVENTH: The as	gregate number of sha	res which it has	authority to issue, itemized ries, if any, withinaclass, is: Par Value per Share
Number of Shares	Class	l → Series	or Statement that Shares are without Par Value
350 500	Prefered Common	ĈĴ	\$300.00 N.P.V.
		5487A	JAN 14 1980
		14	J.B

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
350	Prefered		\$300.00
350	Common		N.P.V.

Dated January 10, 19 to Royce P. Smith Funeral Home Inc.

(NAME OF CORPORATION)

By Royce P. Smith Funeral Home Inc.

Form 31 30M 11-78

### State of Chade Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

#### ANNUAL REPORT

OF

	O.F		
Royce	R. Smith Funeral H	lome Inc.	
Pursuant to the	provisions of Section 7	7.1.1-118 of the	e General Laws, 1956, as
amended, the undersi	gned corporation hereb	y submits the	following annual report:
FIRST: The nan	ne of the corporation is	Royce R. Sr	nith Funeral Home Inc.
			e Island
398 Willett Av	enue Riverside, R.	I. 02915	
	gistered agent in Rhode I corge A. Saxon		ddress is
			incipal office in the state or
	aracter of the business is Funeral Directin		actually engaged in Rhode ed business
Name Dyce R. Smith		3 Tall Pines	Address s Drive Barrington, R.I. 0280
	Director	•	
	Director		
Robert E. Mason		Ledge Road	Barr. R.I. 02806
		nt 3 Tall Pi	nes Rd. Barr., R.I. 02806
			Barr., R.I. 02806
Charles A. Masor	•		r. Riverside, R.I. 02915
SEVENTH: The agy classes, par value of	ggregate number of shar shares, shares without p	es which it has a arvalue,andser	authority to issue, itemized ies,if any, within a class, is:
Number of Shares	Class	3 Series	Par Value per Share or Statement that Shares are without Par Value
500	Common	79	no par value
350	Preferred	• 52	\$300,00 Par Value
		• * 0 9 4 A : 4	· 21 1979

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
350	Common		No Par Value
350	Preferred		\$300.00

Dated February 28 , 19 79 Royce R. Smith Funeral Home Inc.

Secretary

Form 31

#### State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

#### ANNUAL REPORT

OF

ROYCE R. S	SMITH FUNERAL	HOME, INC.
amended, the undersigned corpor FIRST: The name of the co	ration hereby su prporation is	1-118 of the General Laws, 1956, as bmits the following annual report: Royce R. Smith Funeral
		of Rhode Island
		in Rhode Island is
398 Willett Ave	enue, Rivers	ide, R. I.
		nd at such address is
		ress of its principal office in the state or
	ineral Home	which it is actually engaged in Rhode
SIXTH: The names and respec	ctive addresses o	f its directors and officers are:
Royce R. Smith	Director	3 Tall Pines Dr. Barrington, R. I.
May Z. Smith	Director	3 Tall Pines Dr. Barrington, R. I.
Charles A. Mason	Director	38 Monmouth Dr. Riverside, R. I.
Robert E. Mason	Director	6 Ledge Road Barrington, R. I.
	Director	
· · · · · · · · · · · · · · · · · · ·	Director	
Royce R. Smith		3 Tall Pines Dr. Barrington, R. I.
Charles A. Mason	Vice President	38 Monmouth Dr. Riverside, R. I.
Robert E. Mason	Secretary	6 Ledge Road Barrington, R. I.
May Z. Smith	Treasurer	3 Tall Pines Dr. Barrington, R. I.

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
350 500	Preferred Common		\$ 300.00 NPV
95M 11-77	FEB 21 1978		

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class	Series	Par Value per Shar or Statement that Shares are without Par Value
Preferred		\$ 300,00
Common		NPV
Common		NPV
	Preferred	Preferred

Dated February 15, , 1978

ROYCE R. SMITH FUNERAL HOME, INC.

(NAME OF CORPORATION)

By Royu R. Smith

Its President

FORM 31 35M 9-76

#### State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

#### ANNUAL REPORT

OF

	ROYCE R.	SMITH FUNERA	L HOME, INC.		
Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:  FIRST: The name of the corporation is Royce R. Smith Funeral Home, Inc.					
	_			and	
		•		nd	
				s is	
	orge A. Saxon			15	
Fourth:	If a foreign corp	ooration, the add		al office in the state or	
				lly engaged in Rhode	<b>;</b>
	e names and respe	ctive addresses of	f its directors and A	officers are:	
Royce R. Sm	ith	Director	*****	Ave., Rehoboth,	
May Z. Smit	h	Director	111 Hillside	Ave., Rehoboth,	Mass.
		Director			
		Director	,		
		Director			
Royce R. Sm	ith	President		Ave., Rehoboth,	
				Ave., Rehoboth,	
-	<b>.</b> h			Ave., Rehoboth,	
Royce R. Sm	ith	Treasurer	lll Hillside	Ave., Rehoboth,	Mass.
SEVENTH:	The aggregate a	number of shares	which it has auth	ority to issue, itemized	i

by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	or Statement that Shares are without Par Value
350	preferred		\$300.00
500	common		NPV
		£	
		<b>2</b> 8	
		1-7	

FEB 28 1977

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	<u>Series</u>	Par Value per Share or Statement that Shares are without Par Value
350	preferred		\$300.00
350	common		NPV

Dated F.J. 34., 19.77 ROYCE R. SMITH FUNERAL HOME, INC. (NAME OF CORPORATION)

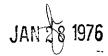
#### State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

#### ANNUAL REPORT

0F

ROYCE	R. SMITH FU	NERAL HOME, INC.				
Pursuant to the pro- amended, the undersigned	visions of Section lere	n 7-1.1-118 of the Geby submits the follow	deneral Laws, 1956, as ing annual report:			
FIRST: The name of	FIRST: The name of the corporation is					
ROYCE	R. SMITH FU	NERAL HOME, INC.	······································			
SECOND: It is incorp	porated under the	e laws of				
			is			
39	8 Willett Av	enue, Riverside,	R. I.			
and the name of its registe	0.4.3.50	de Island at such addre	ess is			
FOURTH: If a foreign	n cornoration, th	ne address of its princ	ipal office in the state or			
country under the laws of	_	<del>-</del>	=			
FIFTH: The character Island, briefly stated, is			ally engaged in Rhode			
SIXTH: The names an	nd respective add	resses of its directors	and officers are:			
Royce R. Smith	Director	lll Hillside Ave,	Rehoboth, Mass.			
May Z. Smith	Director	lll Hillside Ave,	Rehoboth, Mass.			
	Director					
	Director	MARKET CONTRACTOR OF THE CONTR				
	Director	***************************************				
Royce R. Smith	President	lll Hillside Ave,	Rehoboth, Mass.			
May Z. Smith	Vice Presid	ent 111 Hillside A	lve, Rehoboth, Mass			
May Z. Smith	Secretary	111 Hillside A	ve, Rehoboth, Mass			
Royce R. Smith	Treasurer	111 Hillside A	lve, Rehoboth, Mass			
SEVENTH: The aggre by classes, par value of share			nority to issue, itemized f any, within a class, is:			
Number of Shares	Class		Par Value per Share or Statement that Shares are without			
		Series	Par Value			
500 No Pa	r Common		NPV			



EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	or Statement that Shares are without Par Value
350	No Par Common		NP <b>V</b>

Dated Jan. 27, 1976 Royu P. Smith Finness L.

APR 12-76 STRIE 0074 ALTON

#### State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

#### ANNUAL REPORT

 $\mathbf{OF}$ 

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ROYCE R. S	MITH FUNERAL HOME	E, INC.
Pursuant to the proving amended, the undersigned c	orporation hereb	y submits the following	ng annual report:
FIRST: The name of t			INC •
SECOND: It is incorpo	orated under the l	aws of	
THIRD: The address of			S
and the name of its registere	ed agent in Rhode	•	s is
FOURTH: If a foreign country under the laws of w	corporation, the		
FIFTH: The characte	FUNERAL HO		
	<u>.</u>		
SIXTH: The names and	d respective addr		nd officers are:
Royce R. Smith	Director	111 Hillside A	ve, Rehoboth, Mass.
May Z. Smith	Director	111 Hillside A	ve, Rehoboth, Mass.
	Director		
Royce R. Smith			ve, Rehoboth, Mass.
May Z. Smith	Vice Preside		
May Z. Smith	Secretary		ve, Rehoboth, Mass.
Royce R. Smith	Treasurer	111 Hillside A	ve. Rehoboth, Mass.
SEVENTH: The aggreg by classes, par value of shares	gate number of sh s, shares without	ares which it has auth par value, and series, it	ority to issue, itemized f any, within a class, is:
Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
500	No Par Commo		NPV

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
350	No Par Common		NPV

Dated Jan. 20, 1975

Royce C. Smith Teneral Home In

By Royn P. Smith

24-75 SEC-0F 7079 AR\*\* # 15.00

To be filed annually between January 1st and March 1st

#### State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

#### ANNUAL REPORT

0F

ROY	CE R. SMITH F	UNERAL HOME, INC.		
	visions of Section	n 7-1.1-118 of the Gene		
FIRST: The name of the corporation is				
ROY	CE R. SMITH F	UNERAL HOME, INC		
SECOND: It is incorporated under the laws of				
		office in Rhode Island is		
398 Will	ett Avenue, R	iverside, R. I. 029	15	
and the name of its register		e Island at such address is		
	n corporation, the	e address of its principal orated is		
Island, briefly stated, is	FUNI	ss in which it is actually ERAL HOME		
SIXTH: The names an	nd respective addr	resses of its directors and		
Royce.R. Smith	Director	8 Fireside Drive,	Barrington, R.I.	
May Z. Smith	Director	8 Fireside Drive,	Barrington, R.I.	
	Director			
	Director		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
- maryana - mary	Director			
	Director			
Royce R. Smith	President	8 Fireside Drive,	Barrington, R.I.	
May Z. Smith	Vice Preside	ent8 Fireside Drive,	Barrington, R.I.	
May Z. Smith	Secretary	8 Fireside Drive,	_	
Royce R.Smith	Treasurer	8 Fireside Drive,	Barrington, R.I.	
SEVENTH: The aggre by classes, par value of share		ares which it has authorit par value, and series, if an		
Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value	
	r Common	<del></del>	NPV	



EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	<u>Class</u>	Series	Par Value per Share or Statement that Shares are without Par Value
350	No Par Common		NPV

Dated March 28, ,1974

Royce R. Smith Funeral Home, Inc. (NAME OF CORPORATION)

#### State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

#### ANNUAL REPORT

 $\mathbf{OF}$ 

<b>.</b>	OYCE R	. SMITH FU	NERAL HOME, INC.	,,
Pursuant to the amended, the undersignment	provision	ns of Section poration hereb	7-1.1-118 of the General value of the General value of the following	ral Laws, 1956, as annual report:
		-	S	
ROYCI	ER. SM	ITH FUNERA	L HOME, INC.	
SECOND: It is in	ncorpora	t <b>ed u</b> nder the	laws of RHODE ISLAND	)
THIRD: The add	dress of i	ts registered o	office in Rhode Island is	
398 Willet	t Aven	ue, Rivers	ide, R. I. 02915	
and the name of its reg		gent in Rhode SAME	e Island at such address is	5
Fourth: If a f	oreign co	orporation, th	e address of its principal prated is	office in the state or
Island, briefly stated,	is	FUNERAL H	ss in which it is actually	•••••
SIXTH: The nan	nes and r	espective addi	resses of its directors and	
Royce R. Smith		Director	8 Fireside Drive,	Barrington R.I.
May Z. Smith		Director	8 Fireside Drive	· · · · · · · ·
				***************************************
Royce R. Smith				Barrington, R.I.
			ent 8 Fireside Drive	,Barrington,R.I.
May Z. Smith				Barrington,R.I.
Royce R. Smith	.,	Treasurer	8 Fireside Drive	,Barrington,R.I.
SEVENTH: The a	ggregate	e number of sh	nares which it has authori par value, and series, if a	ty to issue, itemized
ny crasses, par varue or	Parent CHO, ID.	TOTOUR HILLIOUS	Transfer of many and and any and	Par Value per Share
Number of Shares		Class	Series	or Statement that Shares are without Par Value
500	No Par	Соппон		NPV



Eighth: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares Class Series Par Value per Share or Statement that Shares are without Par Value

350 No Par Common NPV

Dated February 12, , 19 74

Royce R. Smith Funeral Home, Inc.

(NAME OF CORPORATION)

By toye

Its President

APR -2-74 SEC-OF 1197 AR\*\*\* 15.00