



State of Rhode Island and Providence Plantations

**Department of State - Business Services Division****Annual Report for the year: 2018****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 <b>21282</b>		2. Exact name of the Corporation <b>ELLIOTT M. ROBBINS FUNERAL HOME, INC.</b>			
3. Principal Office Address <b>2251 Mineral Spring Avenue</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911-0000</b>
4. NAICS Code <b>812210</b>	6. Brief description of the character of business conducted in Rhode Island <b>funeral service</b>				
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Geoffrey D. Greene</b>			Vice-President Name <b>Jennifer L. Fagan</b>		
Street Address <b>152 River Road</b>			Street Address <b>134 Greenwood Drive</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874-</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879-</b>
Secretary Name <b>Lynne M. Greene</b>			Treasurer Name <b>Lynne M. Greene</b>		
Street Address <b>152 River Road</b>			Street Address <b>152 River Road</b>		
City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874-</b>	City <b>Saunderstown</b>	State <b>RI</b>	Zip <b>02874-</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
Director Name <b>none</b>			Director Name <b>none</b>		
Street Address <b>none</b>			Street Address <b>none</b>		
City <b>none</b>	State <b>none</b>	Zip <b>none</b>	City <b>none</b>	State <b>none</b>	Zip <b>none</b>
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<b>400</b>	<b>Common</b>	<b>No Par</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Geoffrey D. Greene</b> <b>President</b>				Date <b>1/02/2018</b>	
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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