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	2. Exact name of the Corporation			
21282	ELLIOTT M. ROBBINS FUNERAL HOME, INC.			
3. Principal Office Address		City	State	Zip
2251 Mineral Spring Avenue		North Providence	RI	02911-0000
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
812210	funeral service			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Geoffrey D. Greene			Jennifer L. Fagan		
Street Address			Street Address		
152 River Road			134 Greenwood Drive		
City	State	Zip	City	State	Zip
Saunderstown	RI	02874-	Wakefield	RI	02879-
Secretary Name			Treasurer Name		
Lynne M. Greene			Lynne M. Greene		
Street Address			Street Address		
152 River Road			152 River Road		
City	State	Zip	City	State	Zip
Saunderstown	RI	02874-	Saunderstown	RI	02874-

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none
Director Name			Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none

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	CLASS/SERIES	PAR VALUE
400	Common	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		Date
Geoffrey D. Greene	President	1/02/2018

Signature of Authorized Representative: G D Greene

FILED
JAN 22 2018
BY 160055

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: 10/2017