



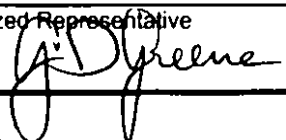
State of Rhode Island and Providence Plantations

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 21282		2. Exact name of the Corporation ELLIOTT M. ROBBINS FUNERAL HOME, INC.			
3. Principal Office Address 2251 Mineral Spring Avenue			City North Providence	State RI	Zip 02911-0000
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island funeral service			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Geoffrey D. Greene			Vice-President Name Jennifer L. Fagan		
Street Address 152 River Road			Street Address 134 Greenwood Drive		
City Saunderstown	State RI	Zip 02874-	City Wakefield	State RI	Zip 02879-
Secretary Name Lynne M. Greene			Treasurer Name Lynne M. Greene		
Street Address 152 River Road			Street Address 152 River Road		
City Saunderstown	State RI	Zip 02874-	City Saunderstown	State RI	Zip 02874-
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip 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 400	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 Geoffrey D. Greene President				Date 1/02/2018	
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

FILED
 JAN 22 2018
 BY 16055

FORM 630 - Revised: 10/2017