



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.

FILED

FEB 26 2018

BY

(Signature)
0020
002

1. Entity ID Number 143782		2. Exact name of the Corporation P-O Funeral Home, Inc.												
3. Principal Office Address 220 Cottage Street			City Pawtucket	State RI	Zip 02860									
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island The operation of a funeral home, caretaker, cremation and other similar funeral services.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>														
President Name John H. O'Neill			Vice-President Name John H. O'Neill											
Street Address 220 Cottage Street			Street Address same as above											
City Pawtucket	State RI	Zip 02860	City	State	Zip									
Secretary Name John H. O'Neill			Treasurer Name John H. O'Neill											
Street Address same as above			Street Address same as above											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	no par value			
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100	common	no par value												
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 John H. O'Neill, President				Date 2/19/18										
Signature of Authorized Representative <i>(Signature)</i>														