



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

MAR 02 2018

BY

1. Entity ID Number 000266209		2. Exact name of the Corporation LACOUTURE ACQUISITION CO.			
3. Principal Office Address 127 CARRINGTON AVENUE			City WOONSOCKET	State RI	Zip 02895
4. NAICS Code 812210	6. Brief description of the character of business conducted in Rhode Island PROVIDES FUNERAL SERVICES				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name CRAIG J. LACOUTURE			Vice-President Name JOSEPH E. LACOUTURE		
Street Address 127 CARRINGTON AVENUE			Street Address 16 RUFUS STREET		
City WOONSOCKET	State RI	Zip 02895	City BROCKTON	State MA	Zip 02302
Secretary Name JOSEPH E. LACOUTURE			Treasurer Name CRAIG J. LACOUTURE		
Street Address 16 RUFUS STREET			Street Address 127 CARRINGTON AVENUE		
City BROCKTON	State MA	Zip 02302	City WOONSOCKET	State RI	Zip 02895
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name CRAIG J. LACOUTURE			Director Name JOSEPH E. LACOUTURE		
Street Address 127 CARRINGTON AVENUE			Street Address 16 RUFUS STREET		
City WOONSOCKET	State RI	Zip 02895	City BROCKTON	State MA	Zip 02302
Director Name MARGARET M. LACOUTURE			Director Name		
Street Address 127 CARRINGTON AVENUE			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
9. Shares Authorized 600		10. Shares Issued Check the box to indicate an attachment ☐			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		400		COMMON	\$.01
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 <i>Craig J. Lacouture</i>				Date <i>Feb'y 28/2018</i>	
Signature of Authorized Representative <i>[Signature]</i>				S. R. I. 00000000000000000000	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov