State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAR 02 2018

BY 13411 QC

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
000266209	LACOUTURE ACQUISITION CO.

3. Principal Office Address	City	State	Zip
127 CARRINGTON AVENUE	WOONSOCKET	RI	02895

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
812210	PROVIDES FUNERAL SERVICES
5. State of Incorporation: RI	

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

President Name	Vice-President Name
CRAIG J. LACOUTURE	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	Director Name
CRAIG J. LACOUTURE	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

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	$.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	Date
✓ Craig J. Lacouture	✓ Feb'y 28/2018

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

FORM 630 - Revised: 10/2017