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SECRETARY OF STATE
CORPORATIONS

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		
000005125	THE CRANSTONS OF WICKFORD, INC.		
3. Principal Office Address: 140 WEST MAIN STREET	City: NORTH KINGSTOWN	State: RI	Zip: 02852
4. NAICS Code: 812210	6. Brief description of the character of business conducted in Rhode Island: FUNERAL BUSINESS		
5. State of Incorporation: RI			

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

President Name: EDWARD L. MURPHY			Vice-President Name: EDWARD L. MURPHY		
Street Address: 812 GREENWICH AVENUE			Street Address: 812 GREENWICH AVENUE		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886
Secretary Name: EDWARD L. MURPHY			Treasurer Name: EDWARD L. MURPHY		
Street Address: 812 GREENWICH AVENUE			Street Address: 812 GREENWICH AVENUE		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886

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

Director Name: EDWARD L. MURPHY			Director Name		
Street Address: 812 GREENWICH AVENUE			Street Address		
City: WARWICK	State: RI	Zip: 02886	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	600		$1.00

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
EDWARD L MURPHY	JUNE 27, 2018

Signature of Authorized Representative: Edward L. Murphy

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

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FORM 606 (Revised: 10/2017)