



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 47618		2. Name of Corporation LINCOLN FUNERAL HOME, INC.			
3. Street Address Principal Business Office 1501 Lonsdale Avenue			City Lincoln	State RI	Zip 02865-1819
4. Business Phone No. 401-726-4117		5. State of Incorporation RHODE ISLAND		6. SIC Code 8532	
7. Brief Description of the Character of Business Conducted in Rhode Island FUNERAL SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paulette M. Bedard			Vice President Name Eugene J. Bedard		
Street Address 1501 Lonsdale Avenue			Street Address 1501 Lonsdale Avenue		
City Lincoln	State RI	Zip 02865-1819	City Lincoln	State RI	Zip 02865-1819
Secretary Name Therese M. Bedard			Treasurer Name Therese M. Bedard		
Street Address 1501 Lonsdale Avenue			Street Address 1501 Lonsdale Avenue		
City Lincoln	State RI	Zip 02865-1819	City Lincoln	State RI	Zip 02865-1819
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paulette M. Bedard			Director Name Eugene J. Bedard		
Street Address 1501 Lonsdale Avenue			Street Address 1501 Lonsdale Avenue		
City Lincoln	State RI	Zip 02865-1819	City Lincoln	State RI	Zip 02865-1819
Director Name Therese M. Bedard			Director Name Therese M. Bedard		
Street Address 1501 Lonsdale Avenue			Street Address 1501 Lonsdale Avenue		
City Lincoln	State RI	Zip 02865-1819	City Lincoln	State RI	Zip 02865-1819
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			200	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

File Date: FEB 24 2005 23735

Check No. _____

By: PB

FOR SECRETARY OF STATE USE ONLY

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.

Paulette M. Bedard 02/21/05
Signature of Officer Date

Paulette M. Bedard
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

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3. Street Address Principal Business Office 1501 Lonsdale Avenue			City Lincoln	State RI	Zip 02865-1819
4. Business Phone No. 401-726-4117		5. State of Incorporation RHODE ISLAND		6. SIC Code 8332	
7. Brief Description of the Character of Business Conducted in Rhode Island FUNERAL SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paulette M. Bedard			Vice President Name Eugene J. Bedard		
Street Address 1501 Lonsdale Avenue			Street Address 1501 Lonsdale Avenue		
City Lincoln	State RI	Zip 02865-1819	City Lincoln	State RI	Zip 02865-1819
Secretary Name Therese M. Bedard			Treasurer Name Therese M. Bedard		
Street Address 1501 Lonsdale Avenue			Street Address 1501 Lonsdale Avenue		
City Lincoln	State RI	Zip 02865-1819	City Lincoln	State RI	Zip 02865-1819
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paulette M. Bedard			Director Name Eugene J. Bedard		
Street Address 1501 Lonsdale Avenue			Street Address 1501 Lonsdale Avenue		
City Lincoln	State RI	Zip 02865-1819	City Lincoln	State RI	Zip 02865-1819
Director Name Therese M. Bedard			Director Name		
Street Address 1501 Lonsdale Avenue			Street Address		
City Lincoln	State RI	Zip 02865-1819	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			200	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 7 6 1 8 *

File Date 2-23-04
Check No. 22143
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Paulette M. Bedard 02/20/04
Signature of Officer Date
Paulette M. Bedard
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **47618** 2. Name of Corporation **LINCOLN FUNERAL HOME, INC.**
3. Street Address Principal Business Office **1501 Lonsdale Avenue** City **Lincoln** State **RI** Zip **02865-1819**
4. Business Phone No. **401-726-4117** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8532**

7. Brief Description of the Character of Business Conducted in Rhode Island

Provide Funeral Goods and Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Paulette M. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865-1819	Vice President Name Eugene J. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865-1819
Secretary Name Therese M. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865-1819	Treasurer Name Therese M. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865-1819

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Paulette M. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865-1819	Director Name Eugene J. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865-1819
Director Name Therese M. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865-1819	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
200	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 7 6 1 8 *

File Date: 3.4.03

Check No.: 20595

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Paulette M. Bedard 02/28/03
Signature of Officer Date

Paulette M. Bedard
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **47618** 2. Name of Corporation **LINCOLN FUNERAL HOME, INC.**

3. Street Address Principal Business Office **1501 Lonsdale Avenue** City **Lincoln** State **RI** Zip **02865**
4. Business Phone No. **401-726-4117** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8532**

7. Brief Description of the Character of Business Conducted in Rhode Island
Funeral Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Paulette M. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865	Vice President Name Eugene J. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865
Secretary Name Therese M. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865	Treasurer Name Therese M. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Paulette M. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865	Director Name Eugene J. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865
Director Name Therese M. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000 COMM NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 7 6 1 8 *

File Date: 3/4/02
Check No.: 18839
By: LB

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.

Paulette M. Bedard 03/01/02
Signature of Officer Date

Paulette M. Bedard
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **47618** 2. Name of Corporation **LINCOLN FUNERAL HOME, INC.**

3. Street Address Principal Business Office
1501 Lonsdale Avenue City **Lincoln** State **RI** Zip **02865**
4. Business Phone No. **401-726-4117** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8532**

7. Brief Description of the Character of Business Conducted in Rhode Island
Funeral Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Paulette M. Bedard	Vice President Name Eugene J. Bedard
Street Address 1501 Lonsdale Avenue	Street Address 1501 Lonsdale Avenue
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865
Secretary Name Therese M. Bedard	Treasurer Name Therese M. Bedard
Street Address 1501 Lonsdale Avenue	Street Address 1501 Lonsdale Avenue
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Paulette M. Bedard	Director Name Eugene J. Bedard
Street Address 1501 Lonsdale Avenue	Street Address 1501 Lonsdale Avenue
City State Zip Lincoln RI 02865	City State Zip Lincoln RI 02865
Director Name Therese M. Bedard	
Street Address 1501 Lonsdale Avenue	
City State Zip Lincoln RI 02865	

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

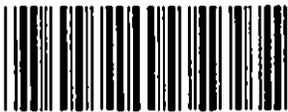
Number of Shares	Class/Series	Par Value
1,000 SHS	NO PAR	COM

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 7 6 1 8 *

File Date: 1/29

Check No.: 17158

By: PL

FOR SECRETARY OF STATE USE ONLY

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.

Paulette M. Bedard 01/26/01
Signature of Officer Date

Paulette M. Bedard
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **47618** 2. Name of Corporation **LINCOLN FUNERAL HOME, INC.**
3. Street Address Principal Business Office **1501 Lonsdale Avenue** City **Lincoln** State **RI** Zip **02865**
4. Business Phone No. **726-4117** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8532**
7. Brief Description of the Character of Business Conducted in Rhode Island
Funeral Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Paulette M. Bedard	Vice President Name Eugene J. Bedard
Street Address 1501 Lonsdale Avenue	Street Address 1501 Lonsdale Avenue
City Lincoln State RI Zip 02865	City Lincoln State RI Zip 02865
Secretary Name Therese M. Bedard	Treasurer Name Therese M. Bedard
Street Address 1501 Lonsdale Avenue	Street Address 1501 Lonsdale Avenue
City Lincoln State RI Zip 02865	City Lincoln State RI Zip 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Paulette M. Bedard	Director Name Eugene J. Bedard
Street Address 1501 Lonsdale Avenue	Street Address 1501 Lonsdale Avenue
City Lincoln State RI Zip 02865	City Lincoln State RI Zip 02865
Director Name Therese M. Bedard	Director Name None
Street Address 1501 Lonsdale Avenue	Street Address
City Lincoln State RI Zip 02865	City State Zip

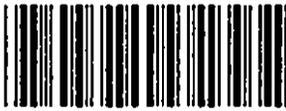
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000 SHS	NO PAR COM	

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 7 6 1 8 *

File Date: 3/20/00
15637
Check No.: _____
By: Cu

FOR SECRETARY OF STATE USE ONLY

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.

Paulette M. Bedard March 15, 2000
Signature of Officer Date

Paulette M. Bedard
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **47618** 2. Name of Corporation **LINCOLN FUNERAL HOME, INC.**
3. Street Address Principal Business Office
1501 Lonsdale Avenue City **Lincoln** State **RI** Zip **02865**
4. Business Phone No. **726-4117** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8532**

7. Brief Description of the Character of Business Conducted in Rhode Island
Funeral Services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name PAULETTE M. BEDARD	Vice President Name EUGENE J. BEDARD
Street Address 1501 Lonsdale Avenue	Street Address 1501 Lonsdale Avenue
City Lincoln State RI Zip 02865	City Lincoln State RI Zip 02865
Secretary Name THERESE M. BEDARD	Treasurer Name THERESE M. BEDARD
Street Address 1501 Lonsdale Avenue	Street Address 1501 Lonsdale Avenue
City Lincoln State RI Zip 02865	City Lincoln State RI Zip 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name PAULETTE M. BEDARD	Director Name EUGENE J. BEDARD
Street Address 1501 Lonsdale Avenue	Street Address 1501 Lonsdale Avenue
City Lincoln State RI Zip 02865	City Lincoln State RI Zip 02865
Director Name THERESE M. BEDARD	Director Name None
Street Address 1501 Lonsdale Avenue	Street Address
City Lincoln State RI Zip 02865	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 SHS NO PAR COM		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
200	Common	No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 4 7 6 1 8 *

File Date: 06/19/99

Check No.: 13935

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Paulette M. Bedard 2/15/99
Signature of Officer Date

PAULETTE M. BEDARD
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **47618** 2. Name of Corporation **LINCOLN FUNERAL HOME, INC.**
3. Street Address Principal Business Office **1501 LONSDALE AVENUE** City **LINCOLN** State **RI** Zip **02865-1817**
4. Business Phone No. **401-726-4117** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8532**
7. Brief Description of the Character of Business Conducted in Rhode Island
FUNERAL SERVICES

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name PAULETTE M. BEDARD Street Address 1501 LONSDALE AVE. City LINCOLN State RI Zip 02865-1817	Vice President Name Street Address City LINCOLN State RI Zip 02865-1817
Secretary Name THERESE M. BEDARD Street Address 1501 LONSDALE AVE. City LINCOLN State RI Zip 02865-1817	Treasurer Name THERESE M. BEDARD Street Address 1501 LONSDALE AVE. City LINCOLN State RI Zip 02865-1817

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Street Address City LINCOLN State RI Zip 02865-1817	Director Name Street Address City LINCOLN State RI Zip 02865-1817
Director Name Street Address City LINCOLN State RI Zip 02865-1817	Director Name Street Address City LINCOLN State RI Zip 02865-1817

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 SHS NO PAR COM		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
200		No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 6/15/98
Check No.: 12292
By: CCP

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.

Paulette M. Bedard 2/14/98
Signature of Officer Date
PAULETTE M. BEDARD
Print or Type Name of Officer
PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **47618** 2. Name of Corporation **LINCOLN FUNERAL HOME, INC.**
3. Street Address Principal Business Office **1501 Lonsdale Avenue** City **Lincoln** State **RI** Zip **02865-1817**
4. Business Phone No. **(401) 726-4117** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8532**
7. Brief Description of the Character of Business Conducted in Rhode Island
Funeral Service

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name Paulette M. Bedard Street Address 1503 Lonsdale Avenue City Lincoln State RI Zip 02865 Secretary Name	Vice President Name Eugene J. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865 Treasurer Name Therese M. Bedard Street Address 1501 Lonsdale Avenue City Lincoln State RI Zip 02865
--	--

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR COM			NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 4/14/97
Check No.: 10855
By: GMA

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.

Paulette M. Bedard 4-5-97
Signature of Officer Date
Paulette M. Bedard
Print or Type Name of Officer
President
Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 47618
2. NAME OF CORPORATION LINCOLN FUNERAL HOME, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1501 LONSDALE AVENUE
CITY LINCOLN STATE RI ZIP CODE 02865-1817
4. BUSINESS PHONE NO. (401) 726-41117
5. STATE OF INCORPORATION RHODE ISLAND
6. SIC CODE 8532
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
ARRANGEMENT OF FUNERALS

8. NAMES AND ADDRESSES OF THE OFFICERS
PRESIDENT NAME PAULETTE M. BEDARD
VICE PRESIDENT NAME EUGENE J. BEDARD
STREET ADDRESS 1503 LONSDALE AVENUE
CITY LINCOLN STATE RI ZIP CODE 02865-1817
SECRETARY NAME THERESE M. BEDARD
STREET ADDRESS 1501 LONSDALE AVENUE
CITY LINCOLN STATE RI ZIP CODE 02865-1817
TREASURER NAME THERESE M. BEDARD
STREET ADDRESS 1501 LONSDALE AVENUE
CITY LINCOLN STATE RI ZIP CODE 02865-1817

9. NAMES AND ADDRESSES OF THE DIRECTORS
DIRECTOR NAME PAULETTE M. BEDARD
STREET ADDRESS 1503 LONSDALE AVENUE
CITY LINCOLN STATE RI ZIP CODE 02865-1817

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS NO PAR COM					

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 3/8/96

Paulette M. Bedard
Signature of Officer

Check No: 150494

PAULETTE M. BEDARD
Print or Type Name of Officer

By: *KIP*
For Secretary of State Use Only

PRESIDENT
Title of Officer
3/1/96
Date



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 00476181 Annual Report for the year: 1995

Name of Corporation: LINCOLN FUNERAL HOME, INC.

Business entity organized under the laws of the State of: RI
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Brief statement of the character of business conducted in Rhode Island:
PROVIDE FUNERAL SERVICES, CREMATION ARRANGEMENTS

Lincoln Funeral Home, Inc.
1501 Lonsdale Avenue
Lincoln, RI 02865-1817
 Phone: PHONE: 401-726-4117

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>PAULETTE M. BEDARD</u>	<u>1503 LONSDALE AVE</u>	<u>LINCOLN, RI</u>	<u>02865-1817</u>
VICE PRESIDENT <u>EUGENE J. BEDARD</u>	<u>1501 LONSDALE AVE</u>	<u>LINCOLN, RI</u>	<u>02865-1817</u>
SECRETARY <u>THERESE M. BEDARD</u>	<u>1501 LONSDALE AVE</u>	<u>LINCOLN, RI</u>	<u>02865-1817</u>
TREASURER " " " " " "	" " " " " "	" " " " " "	" " " " " "

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares <u>1000</u> Class / Series <u>No PAR Common</u>	Number of Shares <u>1000</u> Class / Series <u>No PAR Common</u>

Date MARCH 8, 19 95
 By: Paulette M. Bedard
PAULETTE M. BEDARD
 PRINT OR TYPE NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING PRESIDENT

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

~~EUGENE J. BEDARD~~ PAULETTE M. BEDARD
1501 LONSDALE AVENUE
LINCOLN RI 02865

PAID
 JUN 13 1995
 TP 7372
 SECRETARY OF STATE

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept 1 - Nov 1
CORP: Jan 1 - March 1

Corporate ID: 0047616 Annual Report for the year: 1994

Name of Business Entity: LINCOLN FUNERAL HOME, INC

Business entity organized under the laws of the State of: RI
Federal Taxpayer Identification Number: [REDACTED]
For foreign entry, address and telephone number of principal office:

Phone: () _____
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)
1501 Lonsdale Avenue
Lincoln, RI 02865-1817
(401) 726-4117
Phone: _____

Business Entity is (check one)
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)
Name, title and mailing address of contact person to whom communications may be directed
Paulette M. Bedard, President
Lincoln Funeral Home, Inc.
1501 Lonsdale Avenue
Lincoln, RI 02865-1817
Brief statement of the character of business conducted in Rhode Island:
EMBALMING & PREPARING HUMAN REMAINS
FOR BURIAL, CRYPTING & FUNERALS
Date of Organization: 7/10/88 (PK)
Date of Qualification to do business in Rhode Island (if foreign entity): _____

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT OR CEO	Paulette M. Bedard	1503 Lonsdale Ave.	Lincoln RI	02865
<input checked="" type="checkbox"/> VICE PRESIDENT OR COO	Eugene J. Bedard	1501 Lonsdale Ave.	Lincoln, RI	02865
<input checked="" type="checkbox"/> SECRETARY OR TREASURER	Therese M. Bedard	1501 Lonsdale Ave.	Lincoln, RI	02865
<input type="checkbox"/> OTHER OFFICER	Therese M. Bedard	1501 Lonsdale Ave.	Lincoln, RI	02865

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

SAME AS ABOVE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1000	NUMBER 200
CLASS No par common	CLASS
SERIES No par value	SERIES
PAR VALUE OR WITHOUT PAR without par	PAR VALUE OR WITHOUT PAR

Date Feb. 16, 1994 19____ By Paulette M. Bedard
Paulette M. Bedard
SECRETARY OR TREASURER
President
TITLE OF OFFICER SIGNING

Form 31 1994
DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

EUGENE J. BEDARD
1501 LONSDALE AVENUE
LINCOLN RI 02865

MAR 1 1994
K05640

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0047619 Annual Report for the year 1999

FIRST: The name of the corporation is LINCOLN FUNERAL HOME, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Funeral Directing

FOURTH: If foreign corporation, address of its principal office

OH 4111

FIFTH: Business address in Rhode Island 1501 Lonsdale Avenue
Lincoln, RI 02865-1817

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Paulette M. Bedard</u>	<u>Director</u>	<u>1503 Lonsdale Ave., Lincoln, RI 02865-1817</u>
<u>Eugene J. Bedard</u>	<u>Director</u>	<u>1501 Lonsdale Ave., Lincoln, RI 02865-1817</u>
	<u>Director</u>	
<u>Paulette M. Bedard</u>	<u>President</u>	<u>1503 Lonsdale Ave., Lincoln, RI 02865-1817</u>
	<u>Vice President</u>	
<u>Therese M. Bedard</u>	<u>Secretary</u>	<u>1501 Lonsdale Ave., Lincoln, RI 02865-1817</u>
<u>Therese M. Bedard</u>	<u>Treasurer</u>	<u>1501 Lonsdale Ave., Lincoln, RI 02865-1817</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>No par common</u>		<u>No par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>			

Dated March 12, 19 99

LINCOLN FUNERAL HOME, INC.
(Name of Corporation)

By Paulette M. Bedard

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0047615 Annual Report for the year 1992

FIRST: The name of the corporation is LINCOLN FUNERAL HOME, INC.

SECOND: It is incorporated under the laws of Rhode Island & Prov. Plantation

THIRD: Character of business, briefly stated, is operating funeral home & for doing all things necessary and incidental thereto.

FOURTH: If foreign corporation, address of its principal office No

FIFTH: Business address in Rhode Island 1501 Lonsdale Ave., Lincoln, RI 02865

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
None	Director	
	Director	
	Director	
Paulette M. Bedard	President	1503 Lonsdale Ave., Lincoln, RI 02865
	Vice President	
Therese M. Bedard	Secretary	1501 Lonsdale Ave., Lincoln, RI 02865
Therese M. Bedard	Treasurer	1501 Lonsdale Ave., Lincoln, RI 02865

PAID

SEVENTH: Number of Shares authorized:

No. of Shares 1000 Class

No par common

FEB 14 1992

SECRET OF STATE

Par Value or statement that shares are without par value

No par value

EIGHTH: Number of Shares issued:

No. of Shares 200 Class

Series

Par Value or statement that shares are without par value

Dated February 12 19 92

LINCOLN FUNERAL HOME, INC.
(Name of Corporation)

By Therese M. Bedard

(Report must be signed by an officer)

Title Treasurer, Secretary

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0047618 Annual Report for the year 1991

FIRST: The name of the corporation is LINCOLN FUNERAL HOME, INC.

SECOND: It is incorporated under the laws of _____

THIRD: Character of business, briefly stated, is Funeral Directing

FOURTH: If foreign corporation, address of its principal office _____

FIFTH: Business address in Rhode Island 1501 Lonsdale Avenue, Lincoln, RI 02865

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Paulette M. Bedard	President	1501 Lonsdale Avenue, Lincoln, RI 02865
.....	Vice President
Therese M. Bedard	Secretary	1501 Lonsdale Avenue, Lincoln, RI 02865
Therese M. Bedard	Treasurer	1501 Lonsdale Avenue, Lincoln, RI 02865

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000		PAID JAN 25 1991	NO Par Common

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200			

Dated January 21 19 91 Lincoln Funeral Home, Inc.
(Name of Corporation)

By Paulette M. Bedard

(Report must be signed by an officer)

Title President

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0047618 Annual Report for the year 1990

FIRST: The name of the corporation is LINCOLN FUNERAL HOME, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Operating a funeral home and for
doing all things necessary and incidental thereto.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1501 Lonsdale Ave., Lincoln, R.I. 02865

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Paulette M. Bedard	President	1501 Lonsdale Ave., Lincoln, R.I. 02865
	Vice President	
Therese M. Bedard	Secretary	1501 Lonsdale Ave., Lincoln, R.I. 02865
Therese M. Bedard	Treasurer	1501 Lonsdale Ave., Lincoln, R.I. 02865

SEVENTH: Number of Shares authorized:

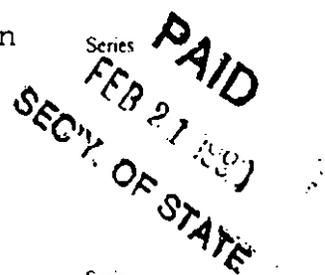
No. of Shares 1000 Class no par common

Par Value
or statement that
shares are without
par value

EIGHTH: Number of Shares issued: 200

No. of Shares 200 Class _____ Series _____

Par Value
or statement that
shares are without
par value



Dated February 20 19 90 Lincoln Funeral Home, Inc.

(Name of Corporation)

By Therese M. Bedard

Title Treasurer

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903



Corporate ID 0047518

Annual Report for the year 1989

FIRST: The name of the corporation is LINCOLN FUNERAL HOME, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Operating a funeral home and for doing all things necessary and incidental thereto.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 1501 Lonsdale Ave., Lincoln, R.I. 02865

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
None	Director	
	Director	
	Director	
Paullette M. Bedard	President	1501 Lonsdale Ave, Lincoln, R.I. 02865
None	Vice President	
Therese M. Bedard	Secretary	1501 Lonsdale Ave., Lincoln, R.I.
Therese M. Bedard	Treasurer	1501 Lonsdale Ave., Lincoln, R.I.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	No par common		

PAID

EIGHTH: Number of Shares issued: 200

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	no par common		

FEB 24 1989

1501 LONS DALE AVE

Dated Feb. 22 19 89

Lincoln Funeral Home, Inc.
(Name of Corporation)

By Paullette M. Bedard

Title President

(Report must be signed by an officer)