



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82429		2. Name of Corporation Carpenter-Jenks Family Funeral Homes, Inc.			
3. Street Address Principal Business Office 659 EAST GREENWICH AVENUE			City WARWICK	State RI	Zip 02893
4. Business Phone No. 4018261600		5. State of Incorporation RHODE ISLAND			6. SIC Code 8532

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OWN, OPERATE AND MANAGE FUNERAL HOMES.

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

President Name Stephen E. Carpenter			Vice President Name Craig W. Carpenter		
Street Address 17 Mary Ann Ct.			Street Address 659 East Greenwich Avenue		
City North Providence	State RI	Zip 02904	City West Warwick	State RI	Zip 02893
Secretary Name Joyce B. Carpenter			Treasurer Name Hugh W. Carpenter		
Street Address 174 Meshanticut Valley Parkway			Street Address 174 Meshanticut Valley Parkway		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920

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

Director Name None			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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
FEB 14 AM 8:55

10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) 11. SHARES ISSUED (X BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMM	\$1.00 PAR VALUE	1,000	Common	\$1.00

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



8 2 4 2 9

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.

82429 DBC 01/14/05 04:23:12 PM

File Date 3-14-05

Check No. 22413

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Craig W. Carpenter
Signature of Officer Date

Craig W. Carpenter
Print or Type Name of Officer

Vice President
Title of Officer



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

Mathew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82429		2. Name of Corporation Carpenter-Jenks Family Funeral Homes, Inc.			
3. Street Address Principal Business Office 659 EAST GREENWICH AVENUE			City WEST WARWICK	State RI	Zip 02893
4. Business Phone No. 4018261600		5. State of Incorporation RHODE ISLAND			6. SIC Code 8532
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, OPERATE AND MANAGE FUNERAL HOMES.					

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

President Name Stephen E. Carpenter			Vice President Name Craig W. Carpenter		
Street Address 17 Mary Ann Ct.			Street Address 659 East Greenwich Ave.		
City North Providence	State RI	Zip 02904	City West Warwick	State RI	Zip 02893
Secretary Name Joyce B. Carpenter			Treasurer Name Hugh W. Carpenter		
Street Address 174 Meshanticut Valley Parkway			Street Address 174 Meshanticut Valley Parkway		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920

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

Director Name None			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

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMM \$1.00 PAR VALUE		1,000.00	Common Stock	\$1.00

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



82429 DBC 02/23/04 04:45:38 PM

File Date 4/1/04

Check No. 21145 M 26359

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.

Craig W. Carpenter 3/29/04
Signature of Officer Date

CRAIG W. CARPENTER
Print or Type Name of Officer

Vice President
Title of Officer



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. **82429** 2. Name of Corporation **Carpenter-Jenks Family Funeral Homes, Inc.**
3. Street Address Principal Business Office **659 East Greenwich Avenue** City **West Warwick** State **RI** Zip **02893**
4. Business Phone No. **401-826-1600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8532**
7. Brief Description of the Character of Business Conducted in Rhode Island
To provide Funeral services

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

President Name **Stephen E. Carpenter**
Street Address **17 Mary Ann Ct.**
City **North Providence** State **RI** Zip **02904**
Secretary Name **Joyce B. Carpenter**
Street Address **174 Meshanicut Valley Parkway**
City **Cranston** State **RI** Zip **02920**

Vice President Name **Craig W. Carpenter**
Street Address **659 East Greenwich Ave.**
City **West Warwick** State **RI** Zip **02893**
Treasurer Name **Hugh W. Carpenter**
Street Address **174 Meshanicut Valley Parkway**
City **Cranston** State **RI** Zip **02920**

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

Director Name **None**
Street Address
City State Zip
Director Name
Street Address
City State Zip

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

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

AUTHORIZED SHARES	Class/Series	Par Value
8,000 COMM		\$1.00 PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
1,000.00	Common Stock	\$1.00

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



File Date: 2-6-03
Check No.: 149148
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.

Signature of Officer: Craig W. Carpenter Date: 1/30/03
Print or Type Name of Officer: CRAG W. CARPENTER
Title of Officer: Vice President



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. **82429** 2. Name of Corporation **Carpenter-Jenks Family Funeral Homes, Inc.**
3. Street Address Principal Business Office **659 East Greenwich Avenue** City **West Warwick** State **RI** Zip **02893**
4. Business Phone No. **401-826-1600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8532**
7. Brief Description of the Character of Business Conducted in Rhode Island
To provide funeral services

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

President Name			Vice President Name		
Stephen E. Carpenter			Craig W. Carpenter		
Street Address			Street Address		
17 Mary Ann Ct.			659 East Greenwich Ave.		
City	State	Zip	City	State	Zip
North Providence	RI	02904	West Warwick	RI	02893
Secretary Name			Treasurer Name		
Joyce B. Carpenter			Hugh W. Carpenter		
Street Address			Street Address		
174 Meshanticut Valley Parkway			174 Meshanticut Valley Parkway		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920

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

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

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1,000.00 Common Stock \$1.00

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



* 8 2 4 2 9 *

FILED

File Date: FEB 11 2002
Check No.: _____
By: W 17845

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.

Stephen E. Carpenter 1-28-02
Signature of Officer Date

STEPHEN E. CARPENTER
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. **82429** 2. Name of Corporation **Carpenter-Jenks Family Funeral Homes, Inc.**
3. Street Address Principal Business Office **659 East Greenwich Avenue** City **West Warwick** State **RI** Zip **02893**
4. Business Phone No. **401-826-1600** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8532**
7. Brief Description of the Character of Business Conducted in Rhode Island
To provide Funeral services

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

President Name			Vice President Name		
Stephen E. Carpenter			Craig W. Carpenter		
Street Address			Street Address		
17 Mary Ann Ct.			659 East Greenwich Ave.		
City	State	Zip	City	State	Zip
North Providence	RI	02904	West Warwick	RI	02893
Secretary Name			Treasurer Name		
Joyce B. Carpenter			Hugh W. Carpenter		
Street Address			Street Address		
174 Meshanticut Valley Parkway			174 Meshanticut Valley Parkway		
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920

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

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000 SHS	COMM	\$1.00 PAR

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1,000.00	Common Stock	\$1.00

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



* 8 2 4 2 9 *

File Date: **FILED**
Check No.: **FEB 20 2001**
By: **By [Signature]**
FOR SECRETARY OF STATE USE ONLY **[Signature]**

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.

Stephen E. Carpenter 2-14-2001
Signature of Officer Date
Stephen E. Carpenter
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. 82429 2. Name of Corporation Carpenter-Jenks Family Funeral Home
3. Street Address Principal Business Office 659 East Greenwich Avenue City West Warwick State RI Zip 02893
4. Business Phone No. 401-826-1600 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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Carpenter, Stephen E.</u>	Vice President Name <u>Carpenter, Craig W.</u>
Street Address <u>17 Mary Ann Ct.</u>	Street Address <u>659 East Greenwich Ave.</u>
City <u>North Providence</u> State <u>RI</u> Zip <u>02904</u>	City <u>West Warwick</u> State <u>RI</u> Zip <u>02893</u>
Secretary Name <u>Carpenter, Joyce B.</u>	Treasurer Name <u>Carpenter, Hugh W.</u>
Street Address <u>174 Meshanticut Valley Parkway</u>	Street Address <u>174 Meshanticut Valley Parkway</u>
City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u>	City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u>

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

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

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>8,000.00</u>	<u>Common Stock</u>	<u>\$1.00</u>

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>1,000.00</u>	<u>Common Stock</u>	<u>\$1.00</u>

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: FEB 11 2000
Check No.: 100014121
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Signature of Officer: Stephen E. Carpenter Date: 2-9-2000
Print or Type Name of Officer: STEPHEN E. CARPENTER
Title of Officer: President



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. 82429		2. Name of Corporation Carpenter-Jenks Family Funeral Home			
3. Street Address Principal Business Office 659 East Greenwich Avenue			City West Warwick	State RI	Zip 02893
4. Business Phone No. 401-826-1600		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) <input checked="" type="checkbox"/>					
President Name Carpenter, Stephen E.			Vice President Name Carpenter, Craig W.		
Street Address 17 Mary Ann Ct.			Street Address 659 East Greenwich Ave.		
City North Providence	State RI	Zip 02904	City West Warwick	State RI	Zip 02893
Secretary Name Carpenter, Joyce B.			Treasurer Name Carpenter, Hugh W.		
Street Address 174 Meshanticut Valley Parkway			Street Address 174 Meshanticut Valley Parkway		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" 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
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" 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
8,000.00	Common Stock	\$1.00	1,000.00	Common Stock	\$1.00

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

File Date: **FILED**

Check No.: FEB 05 1999

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.

Stephen E. Carpenter 2-2-1999
Signature of Officer Date

STEPHEN E. CARPENTER
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. **82429** 2. Name of Corporation **Carpenter-Jenks Family Funeral Home**
3. Street Address Principal Business Office **659 East Greenwich Avenue** City **West Warwick** State **RI** Zip **02893**
4. Business Phone No. **(401) 826-1600** 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 Stephen E. Carpenter Street Address 17 Mary Ann Ct. City North Providence State RI Zip 02904 Secretary Name Joyce B. Carpenter Street Address 174 Meshanticut Valley Pkwy. City Cranston State RI Zip 02920	Vice President Name Craig W. Carpenter Street Address 217 Park Avenue City Warwick State RI Zip 02889 Treasurer Name H. William Carpenter Street Address 174 Meshanticut Valley Pkwy. City Cranston State RI Zip 02920
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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	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
8,000	Common	\$1.00

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
1,000	Common	\$1.00

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

File Date: 12/30/97
Check No.: 110177
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.

Stephen E. Carpenter 12/30/97
Signature of Officer Date
STEPHEN E. CARPENTER
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. **82429** 2. Name of Corporation **Carpenter-Jenks Family Funeral Homes, Inc.**
3. Street Address Principal Business Office **131 Elmwood Ave.** City **Providence** State **R. I.** Zip **02907**
4. Business Phone No. **421-4500** 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 STEPHEN E. CARPENTER Street Address 17 Mary Ann Ct. City No. Providence State R. I. Zip 02904	Vice President Name CRAIG W. CARPENTER Street Address 217 Park Ave. City Warwick State R. I. Zip 02889
Secretary Name Joyce B. Carpenter Street Address 174 Meshanticut Valley Parkway City Cranston State R. I. Zip 02920	Treasurer Name H. William Carpenter Street Address 174 Meshanticut Valley Parkway City Cranston State R. I. Zip 02920

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	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
8,000 SHS COMM	\$1.00 PAR	\$1.00	1000	Common	

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



File Date: 3/10/97
Check No.: 8896
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.

Stephen E. Carpenter 2/27/97
Signature of Officer Date
Stephen E. Carpenter
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT



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. 82429		2. NAME OF CORPORATION Carpenter-Jenks Family Funeral Homes, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 131 Elmwood Avenue		CITY Providence,		STATE RI	ZIP CODE 02907
4. BUSINESS PHONE NO. 401-421-4500		5. STATE OF INCORPORATION Rhode Island			6. SIC CODE 8532

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
To own, operate and manage funeral homes

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Stephen E. Carpenter			VICE PRESIDENT NAME Craig W. Carpenter		
STREET ADDRESS 131 Elmwood Avenue			STREET ADDRESS 131 Elmwood Avenue		
CITY Providence	STATE RI	ZIP CODE 02907	CITY Providence	STATE RI	ZIP CODE 02907
SECRETARY NAME Hugh W. Carpenter			TREASURER NAME Hugh W. Carpenter		
STREET ADDRESS 131 Elmwood Avenue			STREET ADDRESS 131 Elmwood Avenue		
CITY Providence	STATE RI	ZIP CODE 02907	CITY Providence	STATE RI	ZIP CODE 02907

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME NONE			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8000.00	Common	\$1.00	1000.00	Common	\$1.00

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.

H. William Carpenter
Signature of Officer

H. WILLIAM CARPENTER
Print or Type Name of Officer

SEC-TREAS.
Title of Officer

3/14/96
Date

Carpenter-Jenks Family Funeral Homes, Inc.

File Date: 3/15/96

Check No: 6957

By: *JRS*

For Secretary of State Use Only