



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 OR PRINTED IN BLACK)

1. Corporate ID No. 108068		2. Name of Corporation Rock of Ages Memorials Inc.			
3. Street Address Principal Business Office 772 Graniteville Road			City Graniteville	State VT	Zip 05654
4. Business Phone No. 800-875-7353		5. State of Incorporation DELAWARE			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL TRADE. Sale of granite memorials and all other purposes permitted by law.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Rick Wrabel			Vice President Name Dennis Merchant		
Street Address 560 Graniteville Rd			Street Address 560 Graniteville Rd.		
City Graniteville	State VT	Zip 05654	City Graniteville	State VT	Zip 05654
Secretary Name Michael Tule			Treasurer Name Douglas Goldsmith		
Street Address 369 N. State St.			Street Address 772 Graniteville Rd.		
City Concord	State NH	Zip 03301	City Graniteville	State VT	Zip 05654
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kurt Swenson			Director Name Richard Kimball		
Street Address 369 N. State St.			Street Address 3 Church St.		
City Concord	State NH	Zip 03301	City Amherst	State NH	Zip 03031
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM \$.01 PAR VALUE			1,000	Common	\$.01

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



\*108068\*

File Date 1-14-05  
Check No. 608095  
By: 2c

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.

Michael Tule 01/12/05  
Signature of Officer Date

Michael Tule  
Print or Type Name of Officer

Secretary  
Title of Officer



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** 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>108068</b>		2. Name of Corporation <b>Rock of Ages Memorials Inc.</b>			
3. Street Address Principal Business Office <b>771 W. Main St.</b>			City <b>Lexington</b>	State <b>KY</b>	Zip <b>40508</b>
4. Business Phone No. <b>877-225-7626</b>		5. State of Incorporation <b>DELAWARE</b>			6. SIC Code <b>0</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>RETAIL TRADE. Sale of granite memorials and all other purposes permitted by law.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Terry Shipp</b>			Vice President Name <b>Dennis Merchant</b>		
Street Address <b>Cranes Roost Development</b>			Street Address <b>771 W. Main St.</b>		
City <b>Elizabethtown</b>	State <b>KY</b>	Zip <b>42701</b>	City <b>Lexington</b>	State <b>KY</b>	Zip <b>40508</b>
Secretary Name <b>Michael Tule</b>			Treasurer Name <b>Douglas Goldsmith</b>		
Street Address <b>369 N. State St.</b>			Street Address <b>772 Graniteville Rd.</b>		
City <b>Concord</b>	State <b>NH</b>	Zip <b>03301</b>	City <b>Graniteville</b>	State <b>VT</b>	Zip <b>05654</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Kurt M. Swenson</b>			Director Name <b>Richard C. Kimball</b>		
Street Address <b>369 N. State St.</b>			Street Address <b>369 N. State St.</b>		
City <b>Concord</b>	State <b>NH</b>	Zip <b>03301</b>	City <b>Concord</b>	State <b>NH</b>	Zip <b>03301</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
<b>1,000 COMM \$.01 PAR VALUE</b>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
<b>1,000</b>		<b>Common</b>	<b>\$.01</b>		

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



\* 1 0 8 0 6 8 \*

File Date 1-23-04  
Check No. 581778  
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] 01/22/04  
Signature of Officer Date

**Michael Tule**

Print or Type Name of Officer

Secretary  
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.

108068

2. Name of Corporation

Rock of Ages Memorials Inc.

3. Street Address Principal Business Office

771 W. Main St.

City

Lexington

State

KY

Zip

40508

4. Business Phone No.

877-225-7626

5. State of Incorporation

DELAWARE

6. SIC Code

0

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

Sale of granite memorials and all other purposes permitted by law.

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

President Name

Terry Shipp

Vice President Name

Dennis Merchant

Street Address

111 Layman Lane

Street Address

771 W. Main St.

City

Elizabethtown

State

KY

Zip

42701

City

Lexington

State

KY

Zip

40508

Secretary Name

Michael Tule

Treasurer Name

Douglas Goldsmith

Street Address

369 N. State St.

Street Address

772 Graniteville Rd.

City

Concord

State

NH

Zip

03301

City

Graniteville

State

VT

Zip

05654

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

Director Name

Kurt M. Swenson

Director Name

Richard C. Kimball

Street Address

369 N. State St.

Street Address

369 N. State St.

City

Concord

State

NH

Zip

03301

City

Concord

State

NH

Zip

03301

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM \$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

\$.01

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



\* 1 0 8 0 6 8 \*

File Date:

3.19.03

Check No.:

549377

By:

lp

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

Michael Tule

Print or Type Name of Officer

Secretary

Title of Officer

01/30/03

Date



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

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

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. 108068 2. Name of Corporation Rock of Ages Memorials Inc.  
3. Street Address Principal Business Office 771 W. Main St. City Lexington State KY Zip 40508  
4. Business Phone No. 877-225-7626 5. State of Incorporation DELAWARE 6. SIC Code 0

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

Sale of granite memorials and all other purposes permitted by law

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

President Name <u>John L. Forney</u> Street Address <u>369 No. State St.</u> City <u>Concord</u> State <u>NH</u> Zip <u>03301</u>	Vice President Name <u>Dennis Merchant</u> Street Address <u>771 W. Main St.</u> City <u>Lexington</u> State <u>KY</u> Zip <u>40508</u>
Secretary Name <u>Michael Tule</u> Street Address <u>369 No. State St.</u> City <u>Concord</u> State <u>NH</u> Zip <u>03301</u>	Treasurer Name <u>Douglas Goldsmith</u> Street Address <u>772 Graniteville Rd.</u> City <u>Graniteville</u> State <u>VT</u> Zip <u>05654</u>

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

Director Name <u>Kurt M. Swenson</u> Street Address <u>369 No. State St.</u> City <u>Concord</u> State <u>NH</u> Zip <u>03301</u>	Director Name <u>John L. Forney</u> Street Address <u>369 No. State St.</u> City <u>Concord</u> State <u>NH</u> Zip <u>03301</u>
Director Name <u>Richard C. Kimball</u> Street Address <u>369 No. State St.</u> City <u>Concord</u> State <u>NH</u> Zip <u>03301</u>	

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>COMM</u>	<u>\$.01</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>Common</u>	<u>\$.01</u>

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



\* 1 0 8 0 6 8 \*

File Date: 3.11.02

Check No.: 516534

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] 02/11/02  
Signature of Officer Date

Michael Tule  
Print or Type Name of Officer

Secretary  
Title of Officer

5

Form 630 12/01



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



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. 108068		2. Name of Corporation Rock of Ages Memorials, Inc.			
3. Street Address Principal Business Office 771 West Main Street			City Lexington	State Kentucky	Zip 40508
4. Business Phone No. 877-225-7626		5. State of Incorporation Delaware			6. SIC Code 5999
7. Brief Description of the Character of Business Conducted in Rhode Island Sale of granite memorials and all other purposes permitted by law					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Forney			Vice President Name Dennis Merchant		
Street Address 369 No. State St.			Street Address 771 West Main St.		
City Concord	State NH	Zip 03301	City Lexington	State KY	Zip 40508
Secretary Name Michael Tule			Treasurer Name John Forney		
Street Address 369 No. State St.			Street Address 369 No. State St.		
City Concord	State NH	Zip 03301	City Concord	State NH	Zip 03301
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kurt Swenson			Director Name John Forney		
Street Address 369 No. State St.			Street Address 369 No. State St.		
City Concord	State NH	Zip 03301	City Concord	State NH	Zip 03301
Director Name Richard Kimball			Director Name		
Street Address 369 No. State St.			Street Address		
City Concord	State NH	Zip 03301	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
1000	Common	\$.01	1000		

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

FILED  
JUN 18 2001  
By Michael Tule  
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 Michael Tule Date 06/15/01  
Print or Type Name of Officer  
Secretary  
Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



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. <b>108068</b>		2. Name of Corporation <b>Rock of Ages Memorials Inc.</b>			
3. Street Address Principal Business Office <b>771 West Main Street</b>		City <b>Lexington</b>	State <b>Kentucky</b>		
		Zip <b>40508</b>			
4. Business Phone No. <b>877-225-7626</b>	5. State of Incorporation <b>DELAWARE</b>		6. SIC Code <b>5999</b>		
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Sales of Granite Memorials and all other purposes permitted by law</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <sup>XX</sup> <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>John E. Keith</b>		Vice President Name <b>James H. Barnes</b>			
Street Address <b>771 West Main Street</b>		Street Address <b>771 West Main Street</b>			
City <b>Lexington</b>	State <b>KY</b>	City <b>Lexington</b>	State <b>KY</b>		
	Zip <b>40508</b>		Zip <b>40508</b>		
Secretary Name <b>John R. Monson</b>		Treasurer Name <b>John L. Forney</b>			
Street Address <b>20 Market Street</b>		Street Address <b>369 North State Street</b>			
City <b>Manchester,</b>	State <b>NH</b>	City <b>Concord</b>	State <b>NH</b>		
	Zip <b>03105</b>		Zip <b>03301</b>		
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>Kurt M. Swenson</b>		Director Name <b>Richard C. Kimball</b>			
Street Address <b>369 North State Street</b>		Street Address <b>369 North State Street</b>			
City <b>Concord</b>	State <b>NH</b>	City <b>Concord</b>	State <b>NH</b>		
	Zip <b>03301</b>		Zip <b>03301</b>		
Director Name <b>John L. Forney</b>		Director Name			
Street Address <b>369 North State Street</b>		Street Address			
City <b>Concord</b>	State <b>NH</b>	City	State		
	Zip <b>03301</b>		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
<b>1,000 COMM \$ .01 PAR VALUE</b>			<b>1,000</b>	<b>Common</b>	<b>\$ .01</b>

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



\* 1 0 8 0 6 8 \*

File Date: 2/3/00  
Check No.: 33952  
By: cc

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 John R. Monson Date 1/28/00  
Print or Type Name of Officer  
Secretary  
Title of Officer