



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 _____ City _____ State _____ Zip _____

4. Business Phone No. _____ 5. State of Incorporation **DELAWARE** 6. SIC Code **8**

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

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

President Name	Vice President Name
Street Address	Street Address
City State Zip	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

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

R. Langevin, Secretary of State



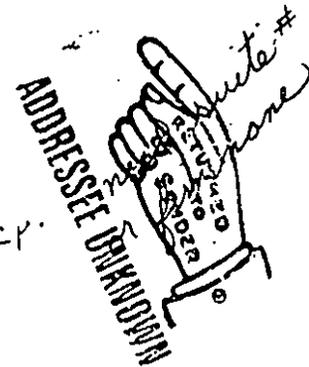
**THIS ADDRESS IS AN OFFICE BUILDING
A COMPANY NAME IS REQUIRED
IN THE ADDRESS FOR DELIVERY**

U

308



NOT C.T. COPY.



CORPORATION TRUST CO.
10 NORTHERN CROSS STREET
PROVIDENCE, RI 02903