STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

AMENDED REPORTED

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.	2 Name of Corporation		
3769	Francis L. Cassani & Son, Inc.		
3 Street Address Principal Business Office: 10 Carovilli Street	City: North Providence	State: RI	Zip: 02904
4 Business Phone No: 401-728-5496	5 State of Incorporation: Rhode Island		6. SIC Code: 7880

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

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

President Name	Street Address	City	State	Zip
Michael Cassani	10 Carovilli Street	N. Providence	RI	02904

Vice President Name	Street Address	City	State	Zip
Lisa Cassani	10 Carovilli Street	N. Providence	RI	02904

Secretary Name	Street Address	City	State	Zip
Lisa Cassani	10 Carovilli Street	N. Providence	RI	02904

Treasurer Name	Street Address	City	State	Zip
Michael Cassani	10 Carovilli Street	N. Providence	RI	02904

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

Director Name	Street Address	City	State	Zip
Michael Cassani	10 Carovilli Street	N. Providence	RI	02904

Director Name	Street Address	City	State	Zip
Lisa Cassani	10 Carovilli Street	N. Providence	RI	02904

Director Name	Street Address	City	State	Zip
Michael Cassani	10 Carovilli Street	N. Providence	RI	02904

Director Name	Street Address	City	State	Zip
Lisa Cassani	10 Carovilli Street	N. Providence	RI	02904

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

AUTHORIZED SHARES		
Number of Shares	*Class/Series*	*Par Value*
600	No Par Value	

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

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

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

[redacted] [redacted]

File Date 3/31/04 3/31/04

Check No. —

By: [illegible]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 F. Cassani 3/20/04

Signature of Officer *Date*

MICHAEL F. CASSANI

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 Rev. 12/03