	State of Office of the	Rhode Islan Secretary of		Fee: \$50.00
HOPE	148 W. Providence	Business Servi River Street RI 02904-26 222-3040		
Limited Liability Co Annual Report Filing Period: September				
	L. 7-16-66(d), each limited lial thin thirty (30) days after the ti a penalty fee of \$25.00.			
ANNUAL REPORT YEA	<b>R</b> : <u>2020</u>			
1. ID No. <u>0001410</u>	<u>02</u>			
2. Exact Name of the Limited Liability Company StoneMor Operating LLC				
3. State of Formation				
State: <u>DE</u>				
	ARTI	CLE III		
-	S Code that best describes the ore information on <u>NAICS</u> can		•	the entity. Download
<u>812220</u>				
4. Brief Description of	the Character of the Busine	ss Which is Ac	ctually Conducte	ed in Rhode Island
OPERATION OF CEMETERIES AND FUNERAL HOMES				
5. Principal Office Add	ress			
	<u>00 HORIZON BLVD.</u> J <u>ITE 100</u>			
City or Town: TR	REVOSE	State: <u>PA</u>	Zip: <u>19053</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
No. and Street: <u>360</u>	ct Title: <u>00 HORIZON BLVD.</u> ITE 100			
	EVOSE	State: <u>PA</u>	Zip: <u>19053</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS				
Title	Individual Name		Add	ress

First, Middle, Last, Suffix

JOSEPH REDLING

MANAGER

Address, City or Town, State, Zip Code, Country

3600 HORIZON BLVD. SUITE 100

MANAGER

AUSTIN K SO

TREVOSE, PA 19053 USA

3600 HORIZON BLVD. SUITE 100 TREVOSE, PA 19053 USA

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 16 Day of October, 2020 at 9:33:40 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By JOSEPH REDLING

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2020 State of Rhode Island All Rights Reserved