



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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005**

Reporting Period: September 1 - November 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED IN BLACK

1. ID No. <b>6784</b>		2. Exact name of the limited liability company <b>Caparco LLC</b>			
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>FUNERAL SERVICES</b>			
Principal office address <b>822 Main Street</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Deborah A. Runshe</b>			Contact Title <b>Member</b>		
Street Address <b>822 Main Street</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name <b>JOHN G. TIBBITTS</b>			Address <b>1786 FRENCHTOWN ROAD</b>		
Address <b>P.O. BOX 146</b>			City <b>EAST GREENWICH</b>	Zip <b>02818-00146</b>	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date 10-31-05 \*96784\*

Check No. 74071

By: LD

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.

*Deborah A. Runshe* 10-20-05  
Signature of Authorized Person Date

**Deborah A. Runshe, Member**

Print or Type Name of Authorized Person



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 02903-13  
401.222.30

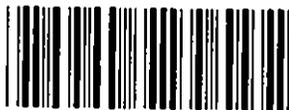
**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 96784		2. Exact name of the limited liability company Caparco LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FUNERAL SERVICES			
5. Principal office address 822 Main Street		City East Greenwich	State RI	Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Deborah A. Runshe			Contact Title Member		
Street Address 822 Main Street		City East Greenwich	State RI	Zip 02818	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Title		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name JOHN G. TIBBITTS			Address 1786 FRENCHTOWN ROAD		
Address P.O. BOX 146			City EAST GREENWICH	Zip 02818-00146	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 9 6 7 8 4 \*

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	11/29/04
Check No.	23/22
By:	U.
FOR SECRETARY OF STATE USE ONLY	

*Deborah A. Runshe* 11/22/04  
Signature of Authorized Person Date

Deborah A. Runshe, Member  
Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. <b>96784</b>		2. Exact name of the limited liability company <b>Caparco LLC</b>	
3. State of formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>FUNERAL SERVICES</b>	
5. Principal office address <b>822 Main Street</b>		City <b>East Greenwich</b>	State <b>RI</b>
		Zip <b>02818</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Deborah A. Runshe</b>		Contact Title <b>Member</b>	
Street Address <b>822 Main Street</b>		City <b>East Greenwich</b>	State <b>RI</b>
		Zip <b>02818</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>JOHN G. TIBBITTS</b>		Address <b>1786 FRENCHTOWN ROAD</b>	
Address <b>P.O. BOX 146</b>		City <b>EAST GREENWICH</b>	Zip <b>02818-00146</b>

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 9 6 7 8 4 \*

File Date 9-25-03  
Check No 21513  
By 2  
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.

Deborah A. Runshe 9-18-03  
Signature of Authorized Person Date

**Deborah A. Runshe, Member**

Print or Type Name of Authorized Person



**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 96784		2. Exact name of the limited liability company Caparco LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FUNERAL SERVICES	
5. Principal office address 822 Main Street		City East Greenwich	State RI
		Zip 02818	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Deborah A. Runshe		Contact Title Member	
Street Address 822 Main Street		City East Greenwich	State RI
		Zip 02818	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name JOHN G. TIBBITTS		Address 1786 FRENCHTOWN ROAD	
Address P.O. BOX 146		City EAST GREENWICH	Zip 02818-00146

This report must be signed in ink by an authorized person pursuant to 7-16-66.



\* 9 6 7 8 4 \*

File Date	9-17-02
Check No.	19963
By:	<i>DR</i>
FOR SECRETARY OF STATE USE ONLY	

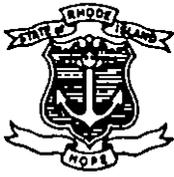
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Deborah A. Runshe* 9-10-02  
Signature of Authorized Person Date

Deborah A. Runshe  
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number DLLC 96784

Annual Report for the year 2001

- The name of the limited liability company is:  
Caparco LLC
- The address of the principal office of the limited liability company is:  
822 Main Street, East Greenwich, RI 02818
- The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
- The name and address of its resident agent is: JOHN G. TIBBITTS  
1786 FRENCHTOWN ROAD P.O. BOX 146 EAST GREENWICH RI 02818-00146
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Deborah A. Runshe, Member  
822 Main Street, East Greenwich, RI 02818
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Funeral Services
- If the limited liability company has managers, the name and address of each manager of the limited liability company  
Name Address  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_

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.



9 6 7 8 4

Caparco LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>10-10-01</u>
Check No.:	<u>18469</u>
By:	<u>[Signature]</u>

By [Signature]  
Deborah A. Runshe  
Member  
Title

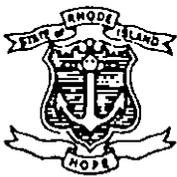
Form No. 632  
Revised 01/99

**DETACH BOTTOM BEFORE RETURNING**

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be obtained by contacting this office at 401-222-3040, or from our web site at www.state.ri.us

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number DLLC 96784

Annual Report for the year 2000

1. The name of the limited liability company is:

Caparco LLC

2. The address of the principal office of the limited liability company is:

822 Main Street, East Greenwich, RI 02818

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JOHN G. TIBBITTS

1786 FRENCHTOWN ROAD P.O. BOX 146 EAST GREENWICH RI 02818-00146

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Deborah A. Runshe, Member

822 Main Street, East Greenwich, RI 02818

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Funeral Services

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

*Name*

*Address*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 12/27/00

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.



9 6 7 8 4

Caparco LLC

*Exact Name of Limited Liability Company*

By Deborah A. Runshe  
Deborah A. Runshe  
Member

*Title*

FOR SECRETARY OF STATE USE ONLY  
File Date: 12/28/00  
Check No.: 15791  
D... 7.

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Corporations Division  
100 North Main Street Providence, Rhode Island 02903-1335  
Telephone (401) 222-3040

**LIMITED LIABILITY COMPANY**

ID Number LL 96784

Annual Report for the year 1999

- The name of the limited liability company is:  
Caparco LLC
  - The address of the principal office of the limited liability company is:  
822 Main Street, East Greenwich, RI 02818
  - The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
  - The name and address of its resident agent is: JOHN G. TIBBITTS  
1786 FRENCHTOWN ROAD P.O. BOX 146 EAST GREENWICH, RI 02818
  - The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Deborah A. Runshe, Member  
822 Main Street, East Greenwich, RI 02818
  - A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Funeral Services
  - If the limited liability company has managers, the name and address of each manager of the limited liability company
- | Name | Address |
|------|---------|
|      |         |
|      |         |
|      |         |

Dated 9/9/99



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.

Caparco LLC  
Exact Name of Limited Liability Company  
By Deborah A. Runshe  
Deborah A. Runshe  
Member  
Title

FOR SECRETARY OF STATE USE ONLY  
File Date: SEP 13 1999  
Check No.: 1613478  
By: SECRETARY OF STATE

Filing Fee: \$50.00

To be filed annually between  
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 96784

Annual Report for the year 1998

1. The name of the limited liability company is:

Caparco LLC

2. The address of the principal office of the limited liability company is:

822 Main Street, East Greenwich, RI 02818

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address of its resident agent is: John G. Tibbitts

1786 Frenchtown Road, PO Box 146, East Greenwich, RI 02818-0146

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 822 Main Street, East Greenwich, RI 02818

Deborah A. Runshe

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Funeral home business.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated October 29, 1998

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.

Caparco LLC

Exact Name of Limited Liability Company

By Deborah A. Runshe

Member

V. President

Title

11.2.98  
199355528-1  
1UP