



Department of State - Business Services Division

FILED STAMP

JAN 06 2021
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Annual Report for the year: 2021
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 144053		2. Exact name of the Corporation Olson & Parent Funeral Home , Inc .			
3. Principal Office Address 417 Plainfield Street		City Providence		State RI	Zip 02909
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island To operate a funeral home.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Thomas C. Olson		Vice-President Name Louise P. Olson			
Street Address 417 Plainfield Street		Street Address 417 Plainfield Street			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Thomas C. Olson		Treasurer Name Louise P. Olson			
Street Address 417 Plainfield Street		Street Address 417 Plainfield Street			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Thomas C. Olson		Director Name Louise P. Olson			
Street Address 417 Plainfield Street		Street Address 417 Plainfield Street			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	Common	No Par Value	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative Thomas C. Olson				Date 12-26-2020	
Signature of Authorized Representative 					