



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
 APR 12 2023
 BY 34787
 OS

1. Entity ID Number 16528		2. Exact name of the Corporation WATSON FUNERAL HOME, INC.	
3. Principal Office Address 350 Willett Avenue		City East Providence	State RI
		Zip 02915	
4. NAICS Code 812210	6. Brief description of the character of business conducted in Rhode Island 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 William R. Watson		Vice-President Name William R. Watson	
Street Address 350 Willett Avenue		Street Address 350 Willett Avenue	
City East Providence	State RI	City East Providence	State RI
Zip 02915		Zip 02915	
Secretary Name William R. Watson		Treasurer Name William R. Watson	
Street Address 350 Willett Avenue		Street Address 350 Willett Avenue	
City East Providence	State RI	City East Providence	State RI
Zip 02915		Zip 02915	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name William R. Watson		Director Name	
Street Address 350 Willett Avenue		Street Address	
City East Providence	State RI	City	State
Zip 02915		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		400	Common
		PAR VALUE	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 William R. Watson, President		Date April 3 2023	
Signature of Authorized Representative <i>William R. Watson</i>			