



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 04 2024

20902

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                 |                                                                                                                       |             |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------|-----------------|
| 1. Entity ID Number<br>18711                                                                                                                                                                                                                                                                                                                                                                                                                                     |             | 2. Exact name of the Corporation<br>WOODLAWN FUNERAL HOME, INC.                                 |                                                                                                                       |             |                 |
| 3. Principal Office Address<br>600 PONTIAC AVENUE                                                                                                                                                                                                                                                                                                                                                                                                                |             | City<br>CRANSTON                                                                                |                                                                                                                       | State<br>RI | Zip<br>02910    |
| 4. NAICS Code<br>812210                                                                                                                                                                                                                                                                                                                                                                                                                                          |             | 6. Brief description of the character of business conducted in Rhode Island<br>FUNERAL SERVICES |                                                                                                                       |             |                 |
| 5. State of Incorporation<br>RHODE ISLAND                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                 |                                                                                                                       |             |                 |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |             |                                                                                                 |                                                                                                                       |             |                 |
| President Name<br>MICHAEL P. TASCA                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                 | Vice-President Name<br>SUSAN M. TASCA                                                                                 |             |                 |
| Street Address<br>44 REGAL WAY                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                 | Street Address<br>44 REGAL WAY                                                                                        |             |                 |
| City<br>CRANSTON                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State<br>RI | Zip<br>02921                                                                                    | City<br>CRANSTON                                                                                                      | State<br>RI | Zip<br>02921    |
| Secretary Name                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                 | Treasurer Name                                                                                                        |             |                 |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                 | Street Address                                                                                                        |             |                 |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State       | Zip                                                                                             | City                                                                                                                  | State       | Zip             |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |             |                                                                                                 |                                                                                                                       |             |                 |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                                                                                 | Director Name                                                                                                         |             |                 |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                 | Street Address                                                                                                        |             |                 |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State       | Zip                                                                                             | City                                                                                                                  | State       | Zip             |
| Director Name                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                                                                                 | Director Name                                                                                                         |             |                 |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                 | Street Address                                                                                                        |             |                 |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State       | Zip                                                                                             | City                                                                                                                  | State       | Zip             |
| 9. Shares Authorized                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                 | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |             |                 |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |             |                                                                                                 | NUMBER OF SHARES                                                                                                      |             |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                 | CLASS/SERIES                                                                                                          |             |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                 | 650                                                                                                                   | COMMON      | NO PAR          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                 |                                                                                                                       |             |                 |
| 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.<br><b>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.</b> |             |                                                                                                 |                                                                                                                       |             |                 |
| Name of Authorized Representative<br>MICHAEL P. TASCA                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                                                                                 |                                                                                                                       |             | Date<br>2-15-24 |
| Signature of Authorized Representative<br>                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                 |                                                                                                                       |             |                 |

MAIL TO:  
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