



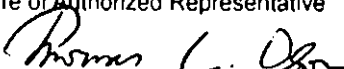
State of Rhode Island
Department of State - Business Services Division

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.

REC'D RDCS BCL
MAR 20 PM 1:02:22

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 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			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 2-29-2024
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

MAR 20 2024
BY ML 58376