



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.

AUG 28 2024

432600

1. Entity ID Number 000047618		2. Exact name of the Corporation LINCOLN FUNERAL HOME, INC.												
3. Principal Office Address 1501 LONSDALE AVENUE			City LINCOLN	State RI	Zip 02865									
4. NAICS Code 812210		6. Brief description of the character of business conducted in Rhode Island FUNERAL SERVICES												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name PAULETTE M BEDARD			Vice-President Name											
Street Address 1501 LONSDALE AVENUE			Street Address											
City LINCOLN	State RI	Zip 02865	City	State	Zip									
Secretary Name			Treasurer Name PAULETTE M BEDARD											
Street Address			Street Address 1501 LONSDALE AVENUE											
City	State	Zip	City LINCOLN	State RI	Zip 02865									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name PAULETTE M BEDARD			Director Name											
Street Address 1501 LONSDALE AVENUE			Street Address											
City LINCOLN	State RI	Zip 02865	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200	CNP	0.00			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
200	CNP	0.00												
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 PAULETTE M. BEDARD					Date									
Signature of Authorized Representative <i>Paulette M. Bedard</i>														

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov