



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.		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:
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Website: www.sos.ri.gov