



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

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

MAR 19 2025  
BY S9014

1. Entity ID Number <b>144053</b>		2. Exact name of the Corporation <b>Olson &amp; Parent Funeral Home, Inc.</b>									
3. Principal Office Address <b>417 Plainfield Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>						
4. NAICS Code <b>812210</b>		6. Brief description of the character of business conducted in Rhode Island <b>To operate a funeral home.</b>									
5. State of Incorporation <b>Rhode Island</b>											
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
President Name <b>Thomas C. Olson</b>			Vice-President Name <b>Louise P. Olson</b>								
Street Address <b>417 Plainfield Street</b>			Street Address <b>417 Plainfield Street</b>								
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>						
Secretary Name <b>Thomas C. Olson</b>			Treasurer Name <b>Louise P. Olson</b>								
Street Address <b>417 Plainfield Street</b>			Street Address <b>417 Plainfield Street</b>								
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>						
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
Director Name <b>Thomas C. Olson</b>			Director Name <b>Louise P. Olson</b>								
Street Address <b>417 Plainfield Street</b>			Street Address <b>417 Plainfield Street</b>								
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>						
Director Name <b>None</b>			Director Name <b>None</b>								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized <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.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>100</b></td> <td><b>Common</b></td> <td><b>No Par Value</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>100</b>	<b>Common</b>	<b>No Par Value</b>
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
<b>100</b>	<b>Common</b>	<b>No Par Value</b>									
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. <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 <b>Thomas C. Olson</b>					Date <b>3-10-2025</b>						
Signature of Authorized Representative <i>Thomas C. Olson</i>											

MAIL TO:  
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Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)