

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2012

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(e¢d)) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 159694		2. Name of Corporation WHITE DOVE CREMATORY, INC.				
3. Street Address Principal Business Office 659 EAST GREENWICH AVENUE			WEST WARWICK	State RI	^{Zip} 02893	
4. Business Phone No.		5. State of Incorporation RHODE ISLAND				
6. Brief Description of the Characte. CREMATION SERVICES	r of Business Conducted in	ı Rbode İsland				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name CRAIG W. CARPENTER			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name H. WILLIAM CARPENTER & STEPHEN E. CARPENTER			
Street Address 659 EAST GREENWICH AVENUE			Street Address 659 EAST GREENWICH AVENUE			
WEST WARWICK	State RI	^{Zip} 02893	City WEST WARWICK	State RI	^{Zip} 02893	
Secretary Name SANDRA MATRONE MACK			Treasurer Name CHRISTOPHER J. DIIORIO			
Street Address 301 PROMENADE STREET			Street Address 659 EAST GREENWICH AVENUE			
PROVIDENCE	State RI	^{Zip} 02908	City WEST WARWICK	State RI	Σίρ 02893	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name NONE			"ACHMENT) FILL IN SP Director Name	ACES BEFORE USING A	TTACHMENTS	
Street Address			Street Address		73	
City	State	Zip	City	State	<i>Zip</i> ₩	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zφ	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			487.50	COMMON	\$.01	
This report must be execute			ed representative. If the corp	oration is in the hands of	a receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.

	<u> </u>
į	LILED
File Date _	
Check No	FEB 08 2012
Ву:	162960
F	OR SECRETARY OF STATE USE ONLY

including any accompai	y, I declare and affirm that I have nying schedules and statements,	
contained herein are tru	e and correct. Man	2/1/12
Signature	Dat	
SANDRA MATE	RONE MACK	
Print or Type Name		
SECRETARY		
T.I.		