



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>81676</b>		2. Name of Corporation <b>Osiris Holding of Rhode Island, Inc.</b>			
3. Street Address Principal Business Office <b>123 Howland Avenue</b>			City <b>Middleton</b>	State <b>RI</b>	Zip <b>02842</b>
4. Business Phone No <b>215-826-2800</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>6553</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>CEMETERY BUSINESS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Michael L. Stache</b>			Vice President Name <b>Frank Milles</b>		
Street Address <b>155 Rittenhouse Circle</b>			Street Address <b>155 Rittenhouse Circle</b>		
City <b>Bristol</b>	State <b>PA</b>	Zip <b>19007</b>	City <b>Bristol</b>	State <b>PA</b>	Zip <b>19007</b>
Secretary Name <b>Paul Wainberg</b>			Treasurer Name <b>William R. Shane</b>		
Street Address <b>155 Rittenhouse Circle</b>			Street Address <b>155 Rittenhouse Circle</b>		
City <b>Bristol</b>	State <b>PA</b>	Zip <b>19007</b>	City <b>Bristol</b>	State <b>PA</b>	Zip <b>19007</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Lawrence Miller</b>			Director Name <b>William R. Shane</b>		
Street Address <b>155 Rittenhouse Circle</b>			Street Address <b>155 Rittenhouse Circle</b>		
City <b>Bristol</b>	State <b>PA</b>	Zip <b>19007</b>	City <b>Bristol</b>	State <b>PA</b>	Zip <b>19007</b>
Director Name <b>Allen Freedman</b>			Director Name <b>Fenton R. Talbott</b>		
Street Address <b>155 Rittenhouse Circle</b>			Street Address <b>155 Rittenhouse Circle</b>		
City <b>Bristol</b>	State <b>PA</b>	Zip <b>19007</b>	City <b>Bristol</b>	State <b>PA</b>	Zip <b>19007</b>
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>\$0.01 PAR VALUE</b>		<b>100</b>		<b>\$0.01 par value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 1 6 7 6 \*

File Date 4/26/04  
Check No. 2163  
By: U.  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Frank Milles Date 4/26/04  
Print or Type Name of Officer  
**Frank Milles**  
Vice President  
Title of Officer

## **Officers**

### **Address**

Lawrence Miller	155 Rittenhouse Circle, Bristol, PA 19007
Gregg A. Strom	155 Rittenhouse Circle, Bristol, PA 19007
Frank Milles	155 Rittenhouse Circle, Bristol, PA 19007
Alan Fisher	155 Rittenhouse Circle, Bristol, PA 19007
Ken Lee, Jr.	155 Rittenhouse Circle, Bristol, PA 19007
Robert P. Stache	155 Rittenhouse Circle, Bristol, PA 19007
Jeffrey P. Bissonette	155 Rittenhouse Circle, Bristol, PA 19007

## **Directors**

Martin R. Lautman	155 Rittenhouse Circle, Bristol, PA 19007
Robert B. Hellman	155 Rittenhouse Circle, Bristol, PA 19007



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. **81676** 2. Name of Corporation **Osiris Holding of Rhode Island, Inc.**  
3. Street Address Principal Business Office **123 Howland Avenue** City **Middletown** State **RI** Zip **02842**  
4. Business Phone No. **c/o 215-826-2800** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6553 XX**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**own and operate cemeteries**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Michael L. Stache</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol</b> State <b>PA</b> Zip <b>19007</b>	Vice President Name <b>Frank Milles</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol</b> State <b>PA</b> Zip <b>19007</b>
Secretary Name <b>David E. DeLeeuw</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol</b> State <b>PA</b> Zip <b>19007</b>	Treasurer Name <b>William R. Shane</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol</b> State <b>PA</b> Zip <b>19007</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Lawrence Miller</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol</b> State <b>PA</b> Zip <b>19007</b>	Director Name <b>William R. Shane</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol</b> State <b>PA</b> Zip <b>19007</b>
Director Name <b>David E DeLeeuw</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol, PA</b> Zip <b>19007</b>	Director Name <b>Robert B. Hellman</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol</b> State <b>PA</b> Zip <b>19007</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000</b>	<b>Common</b>	<b>\$0.01 PAR VALUE</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>\$.01</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 1 6 7 6 \*

File Date 1-27-03  
Check No. 1732  
By: UP

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.

Frank Milles 1/23/03  
Signature of Officer Date  
Print or Type Name of Officer  
**Frank Milles**  
Title of Officer  
**Vice President**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **81676** 2. Name of Corporation **Osiris Holding of Rhode Island, Inc.**  
3. Street Address Principal Business Office  
**123 Howland Avenue**  
4. Business Phone No. **c/o (215) 826-2800** 5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Middletown** State **RI** Zip **02842**  
6. SIC Code **6553**

**own and operate cemeteries**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Michael L. Stache**  
Street Address  
**155 Rittenhouse Circle**  
City **Bristol** State **PA** Zip **19007**

Vice President Name **Frank Milles**  
Street Address  
**155 Rittenhouse Circle**  
City **Bristol** State **PA** Zip **19007**

Secretary Name and Director **David E. DeLeeuw**  
Street Address  
**155 Rittenhouse Circle**  
City **Bristol** State **PA** Zip **19007**

Treasurer Name, Executive Vice President, CFO and Director **William R. Shane**  
Street Address  
**155 Rittenhouse Circle**  
City **Bristol** State **PA** Zip **19007**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name and Chairman **Lawrence Miller**  
Street Address  
**155 Rittenhouse Circle**  
City **Bristol** State **PA** Zip **19007**

Director Name **Robert B. Hellman**  
Street Address  
**155 Rittenhouse Circle**  
City **Bristol** State **PA** Zip **19007**

Director Name **Martin R. Lautman**  
Street Address  
**155 Rittenhouse Circle**  
City **Bristol** State **PA** Zip **19007**

Director Name **Fenton R. Talbott**  
Street Address  
**155 Rittenhouse Circle**  
City **Bristol** State **PA** Zip **19007**

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	common	\$0.01 PAR VALUE

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	common	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 1 6 7 6 \*

File Date: 2/21/02  
Check No: 1311  
By: [Signature]

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.

Signature of Officer: [Signature] Date: 2-14-02

Print or Type Name of Officer: Frank Milles

Title of Officer: Vice President of Administration, Trust and Due Diligence



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **81676** 2. Name of Corporation **Osiris Holding of Rhode Island, Inc.**  
3. Street Address Principal Business Office **123 Howland Avenue** City **Middletown** State **RI** Zip **02842**  
4. Business Phone No. **c/o 215-826-2800** 5. State of Incorporation **Rhode Island** 6. SIC Code **8532**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**cemetery business**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>Michael L. Stache</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol</b> State <b>PA</b> Zip <b>19007</b>	Vice President Name <b>Frank Milles</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol</b> State <b>PA</b> Zip <b>19007</b>
Secretary Name and Director <b>David E. DeLeeuw</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol</b> State <b>PA</b> Zip <b>19007</b>	Treasurer Name <b>William R. Shane</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol</b> State <b>PA</b> Zip <b>19007</b>

RECEIVED STATE SECRETARIAT OF STATE  
MAY 3 4 48 AM '01  
19007

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <b>Lawrence Miller</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol</b> State <b>PA</b> Zip <b>19007</b>	Director Name <b>Robert B. Hellman</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol</b> State <b>PA</b> Zip <b>19007</b>
Director Name <b>Martin Lautman</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol</b> State <b>PA</b> Zip <b>19007</b>	Director Name <b>William R. Shane</b> Street Address <b>155 Rittenhouse Circle</b> City <b>Bristol</b> State <b>PA</b> Zip <b>19007</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	common	\$0.01

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	common	\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**FILED**

File Date: MAY 03 2001

Check No.: By *UD 262806*

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY



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.

*Frank Milles* 4-4-01  
Signature of Officer Date

**Frank Milles**  
Print or Type Name of Officer

**Vice President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **81676** 2. Name of Corporation **OsrIs Holding of Rhode Island, Inc.**  
3. Street Address Principal Business Office **4126 Norland Avenue** City **Burnaby** State **B.C., Canada** Zip **V5G 3S8**  
4. Business Phone No. **(604) 299-9321** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island **HOLDING COMPANY**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
President Name **Jeffrey L. Cashner** Vice President Name **Peter B. Gray**  
Street Address **801 Teas Road** Street Address **3190 Tremont Avenue**  
City **Conroe** State **TX** Zip **77303-1606** City **Trevose** State **PA** Zip **19053**  
Secretary Name **Ronald P. Robertson** ~~President Name~~ Asst. Secr. **Peter S. Hyndman**  
Street Address **3190 Tremont Avenue** Street Address **4126 Norland Avenue**  
City **Trevose** State **PA** Zip **19053** City **Burnaby** State **B.C.** Zip **V5G 3S8**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
Director Name **Paul Wagler** Director Name **Peter S. Hyndman**  
Street Address **4126 Norland Avenue** Street Address **4126 Norland Avenue**  
City **Burnaby** State **B.C.** Zip **V5G 3S8** City **Burnaby** State **B.C.** Zip **V5G 3S8**  
Director Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)  
AUTHORIZED SHARES ISSUED SHARES  
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value  
**1,000 \$0.01 PAR VALUE** **100 Common 0.01**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Feb 24, 99  
Check No.: 1060410  
By: [Signature]

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.

Signature of Officer: [Signature] Date: 02/16/99  
Print or Type Name of Officer: Peter S. Hyndman  
Title of Officer: Assistant Secretary



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 81676  
2. Name of Corporation OSIRIS HOLDING OF RHODE ISLAND, INC.  
3. Street Address Principal Business Office 4126 Norland Avenue  
4. Business Phone No. (604) 299-9321  
5. State of Incorporation RI  
6. SIC Code V5C 358  
7. Brief Description of the Character of Business Conducted in Rhode Island Holding Company

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

<b>President Name</b> LAWRENCE MILLER Street Address 3190 Tremont Avenue City Trevose State PA Zip 19053	<b>Vice President Name</b> PETER GRAY Street Address 3190 Tremont Avenue City Trevose State PA Zip 19053
<b>Secretary Name</b> GEORGE M. AMATO Street Address 4145-58th Street City Woodside State NY Zip 11377	<b>Treasurer Name</b> GEORGE M. AMATO Street Address 4145-58th Street City Woodside State NY Zip 11377

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

<b>Director Name</b> RAYMOND L. LOEWEN Street Address 4126 Norland Avenue City Burnaby State B.C. Zip V5C 358	<b>Director Name</b> PETER S. HYNDMAN Street Address 4126 Norland Avenue City Burnaby State B.C. Zip V5C 358
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	Common	0.01

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.

File Date: 7.13.98  
Check No.: 101037888  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.  
Signature of Officer: [Signature]  
Date: July 9, 1998  
Print or Type Name of Officer: Peter S. Hyndman  
Title of Officer: Assistant Secretary



ATTACHED TO AND FORMING PART OF THE PROFIT CORPORATION ANNUAL  
REPORT FOR THE YEAR 1998 FOR OSIRIS HOLDING OF RHODE ISLAND, INC.

8. Names and Addresses of the Officers continued....

Vice-President	Frank Milles 3190 Tremont Avenue Trevose, PA 19053
Vice-President	Paul Waimberg 3190 Tremont Avenue Trevose, PA 19053
Vice-President	Malcolm P. Kerr 3827 Roswell Road, Suite C-200 Marietta, GA 30062
Assistant Secretary	Thomas J. Barlow 3190 Tremont Avenue Trevose, PA 19053
Assistant Secretary	Paul Hart 3190 Tremont Avenue Trevose, PA 19053
Assistant Secretary	Peter S. Hyndman 4126 Norland Avenue Burnaby, BC Canada V5G 3S8



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0081676 2. Name of Corporation Osiris Holding of Rhode Island, INC.  
3. Street Address Principal Business Office Newport Memorial Park 123 Howland Avenue Middletown RI 02840  
4. Business Phone No. (401) 846-0136 5. State of Incorporation Rhode Island 6. SIC Code 8888  
7. Brief Description of the Character of Business Conducted in Rhode Island Cemetery Operationa

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name Lawrence Miller Street Address 3190 Tremont Avenue City State Zip Trevose Pa. 19053	Vice President Name William R. Shane Street Address 3190 Tremont Avenue City State Zip Trevose Pa. 19053
Street Address 3190 Tremont Avenue City State Zip Trevose Pa. 19053	Street Address 3190 Tremont Avenue City State Zip Trevose Pa. 19053

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name Lawrence Miller Street Address 3190 Tremont Avenue City State Zip Trevose Pa. 19053	Director Name William R. Shane Street Address 3190 Tremont Avenue City State Zip Trevose Pa. 19053
Street Address 3190 Tremont Avenue City State Zip Trevose Pa. 19053	Street Address 3190 Tremont Avenue City State Zip Trevose Pa. 19053

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common	\$0.01 par value	0		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: September 2, 1997 10/23  
Check No.: 188288  
By: WLD  
FOR SECRETARY OF STATE USE ONLY

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.  
Signature of Officer: [Signature] Date: \_\_\_\_\_  
William R. Shane  
Print or Type Name of Officer  
Vice President  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO 0081676		2 NAME OF CORPORATION Osiris Holding of Rhode Island, Inc.			
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE Newport Memorial Park 123 Howland Avenue		CITY Middletown	STATE RI	ZIP CODE 02840	
4 BUSINESS PHONE NO (401) 846-0136		5 STATE OF INCORPORATION Rhode Island		6 SIC CODE 8888	

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Cemetery Operations

8 NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Lawrence Miller			VICE PRESIDENT NAME William R. Shane		
STREET ADDRESS 3190 Tremont Avenue			STREET ADDRESS 3190 Tremont Avenue		
CITY Trevose	STATE Pa.	ZIP CODE 19053	CITY Trevose	STATE Pa.	ZIP CODE 19053
SECRETARY NAME William R. Shane			TREASURER NAME		
STREET ADDRESS 3190 Tremont Avenue			STREET ADDRESS		
CITY Trevose	STATE Pa.	ZIP CODE 19053	CITY	STATE	ZIP CODE

9 NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Lawrence Miller			DIRECTOR NAME William R. Shane		
STREET ADDRESS 3190 Tremont Avenue			STREET ADDRESS 3190 Tremont Avenue		
CITY Trevose	STATE Pa.	ZIP CODE 19053	CITY Trevose Avenue	STATE Pa.	ZIP CODE 19053
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10 SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000	Common	\$0.01	0		
		Par Value			

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

*William R. Shane*  
Signature of Officer

William R. Shane  
Print or Type Name of Officer

Vice President  
Title of Officer

File Date:

10/23  
188288

Check No:

By:

KH

For Secretary of State Use Only

Date



**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0051575 Annual Report for the year: 1995

Name of Corporation: Osiris Holding of Rhode Island, Inc.

Business entity organized under the laws of the State of: Rhode Island

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

Brief statement of the character of business conducted in Rhode Island:  
Cemetery operations

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

Newport Memorial Park  
123 Howland Avenue  
Middletown, RI 02840

Phone: ( 401 ) 846-0136

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Lawrence Miller</u>	<u>383 Street Road East</u>	<u>Trevose, PA</u>	<u>19053</u>
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>William R. Shane</u>	<u>383 Street Road East</u>	<u>Trevose, PA</u>	<u>19053</u>
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>William R. Shane</u>	<u>383 Street Road East</u>	<u>Trevose, PA</u>	<u>19053</u>
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>William R. Shane</u>	<u>383 Street Road East</u>	<u>Trevose, PA</u>	<u>19053</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Lawrence Miller</u>	<u>383 Street Road East</u>	<u>Trevose, PA</u>	<u>19053</u>
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>William R. Shane</u>	<u>383 Street Road East</u>	<u>Trevose, PA</u>	<u>19053</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares

Class / Series

Number of Shares

Class / Series

1000

COMMON  
\$0.01 PAR VALUE

Date MARCH 22 19 95

By: [Signature]  
WILLIAM R. SHANE, Vice President/Treasurer

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 31 1995

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

OT CORPORATION SYSTEM  
 123 DYER STREET  
 PROVIDENCE RI 02903

**PAID**  
**JUN 05 1995**  
 SECRETARY OF STATE  
 ck. 111331  
 (CS)