The Commonwealth of Massachusetts

William Francis Galvin

Secretary of the Commonwealth

One Ashburton Place, Room 1717, Boston, Massachusetts 02108-1512

Telephone: (617) 727-9640

Filing Fee: \$15.00 M.G.L. Ch.180

Corporation
Annual Report

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ANNUAL REPORT

170007216

Filing for November 1, 20

identification no. 47-1149437

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. NAME: <u></u>	, FRANE	34 T	DRESE	RVAT	701	Soci	ETY,	INC.		
2. ADDRESS: _	P.O.	Box	1021	- 7	720	WEST	STAT	E	STREET	
	7 7 RAN		mber)			(street)	1 A	0)	1033-10	21
(city or town) 3. DATE OF THE LAST ANNUAL MEETING: _				25	5 J	ANUARY	l 2 c	17	(zip)	

4. If the corporation is a cemetery corporation, it must hold perpetual care funds in trust and attach a copy of the written agreement establishing the trust. (check appropriate box)

The cemetery corporation certifies that perpetual care funds are held in trust and a copy of the written agreement establishing the trust is attached.

OR

The cemetery corporation hereby certifies that it does not hold perpetual care funds in trust.

5. State the names and addresses of the president, treasurer, clerk, at least one director of the corporation, and the date on which the term of office of each expires: (PLEASE TYPE OR PRINT).

NAME OF OFFICE	NAME	ADDRESSES Number, Street, City or Town, State and Zip Code	EXPIRATION OF TERM OF OFFICE
President:	GARY P. PHELPS	137 BATCHELOR ST. GRANBY, MA 01033	1.73.2018
Treasurer:	KEVIN B. BROOKS	246 STATE ST. GRANBY, MA 01033	1.23.2018
Clerk: (or Secretary)	GAYLE B. DEMARY	130 CARVER ST. GRANBY, MA 01033	1.23.2018
Directors: (or Officers	CHRISTINE A. BECK	15 KELLOG ST. GRANBY, MA 01033	1.23.2018
having the powers of Directors)	JUDY A. LAPLANTE	341 BATCHELOR ST GRANBY, MA 01033	1.23.2018

I, the undersigned KEVIN B. BROOK	5 being the TREASURER of the above-named
corporation, in compliance with General Laws, Chapter shown.	180, hereby certify that the information above is true and correct as of the dates
IN WITNESS WHEREOF AND UNDER PENALTIES	S OF PERJURY, I hereto sign my name on this
Signature: Kevin T PRO	KS Title: TREASURER
Contact Person: GAYLE B. DEMAR	Contact Person Telephone #: (413) 219 - 1047