



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 28368		2. Name of Corporation MEMORIAL SOCIETY OF RI, INC			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 119 KENYON AVE.		City E. GREENWICH	Zip 02818
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island ENCOURAGE INFORMED PRE-PLANNING OF BURIAL/CREMATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SUSAN GAEFFE			Vice President Name BRUCE DONOVAN		
Street Address 40 SEA VIEW AVE.			Street Address 229 MEDWAY ST.		
City N. KINGSTOWN	State RI	Zip 02852	City PROVIDENCE	State RI	Zip 02966
Secretary Name JUDITH SCHRIER			Treasurer Name MURIEL FLOOD		
Street Address 34 MEMORIAL RD.			Street Address 11 NEWPORT AVE.		
City PROVIDENCE	State RI	Zip 02906	City N. KINGSTOWN	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name RENEE BUCKLIN			Director Name JERRY TISSER		
Street Address 70 PATERSON AVE.			Street Address 155 BROOKHAVEN DR.		
City WARWICK	State RI	Zip 02886	City N. KINGSTOWN	State RI	Zip 02852
Director Name CAROLIN GOLDMAN			Director Name		
Street Address 115 MIDDLE RD.			Street Address		
City E. GREENWICH	State RI	Zip 02888	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name			Address		
Address			City	Zip	

This report must be signed 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.

Muriel R. Flood 6/26/08  
Signature of Officer Date

MURIEL R. FLOOD  
Print or Type Name of Officer

Treasurer  
Title of Officer

File Date **FILED**  
Check No. JUN 27 2008  
By: 98  
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