

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Projedence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

401.222.3040 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 sub

| penalty fee of \$25.00. | | James or regioning to fixe i | is unnuit report within the time pre | escribed by law (R.I.G.L, 7- | 6-91) is subject to a |
|---|-------------------------|------------------------------|--|------------------------------|-----------------------|
| 1. Corporate ID No. | 2. Name of Corporation | | | | |
| 3036/ | UNION CEMETERY Corp. | | | | |
| 3. State of Incorporation | 4. Corporate address in | Rhode Island - Street Addres | 3 | City | Zip |
| | 2520 7 | 1 1 - 2 | | | th 32871 |
| 5. Foreign corporation. Enter principal office tuttiress East Main Rd. | | | City | State | |
| | | | <u> </u> | | Zip |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Is | | | land | Rhode Is | цапа |
| Maintainence of a Historic C 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACK President Name Jeffery Reise Street Address | | | Cemetery HMENT) [] FILL IN SPACES B Vice President Name Shirley For | | IMENTS |
| | | | Street Address | | |
| City Power State Zip | | | 10 North Water St. | | |
| Portsmout | **• **• | 92871 | Portsmouth | State R.I. | Zip のえるし! |
| **• # • | | | Treasurer Name | | |
| Joy E. Schuur Street Address | | | Joy E. Schuur | | |
| 2520 East Main Rd. | | | Street Addressame | | |
| Portsmouth | R.I. | 02771 | ^{City} same | State | Zip |
| 8. NAMES AND ADDRESSES | OF THE DIRECTOR | i IS: ("X" BOX FOR ATTAG | I CHMENT) TILL IN SPACES B | FEODE HEING ATTILION | <u> </u> |
| THE NUMBER OF DIRECTO | RS OF A DOMESTIC | C (RHODE ISLAND) | CORPORATION SHALL NOT | RE LESS THAN THERE | MENTS |
| THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) (Director Name | | | Director Name | | |
| Celia Cook | | | Director Name Donald Clark | | |
| Street Address | | | Street Address | | |
| 481 Oliphant Lane | | | 6 Washakie Ave. | | |
| Middletown | R.I. | Zip R.I. 02842 | N. Providenc | State e | 2ip 02911 |
| Director Name Hubert Little | | | Director Name Teddi Smith | | |
| Street Address 442 Union St. | | | Street Address 472 Middle Rd. | | |
| Portsmouth | R.I. | ^{Zip} 02871 | City Portsmouth | State R.I. | zip 02871 |
| . REGISTERED AGENT IN R | HODE ISLAND | | , | l į | |
| This information is currently of | record in the Office | of the Secretary of State | . Changes require filing of Form | 641 - R.I.G 1 7-6-13/7 / | 5.78 |
| This report must b | e signed by either th | e President, Vice Presi | dent, Secretary, Assistant Secre | etary Treasurer Receive | or Or Trustee |
| | | | | J, IICasulei, Receive | t of Trustee |

| | Under penalty of perjury, I declare and affirm that I have examined this |
|---------------------------------|---|
| File Date FILED | report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. |
| Check NaJUN 1 5 2009 | Signature of Officer \ Date |
| FOR SECRETARY OF STATE USE ONLY | Print of Type Name of Officer Title of Officer |
| | Form 631 Rev. 09/17 |