

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

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 401.2 Filling Period: June 1 - June 30 • Filling 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

penatty fee of \$25.00.	,	
1. Corporate ID No. 2. Name of Corporation Consumers	Alliance of Rhode Island	
3. State of Incorporation 4. Corporate address in Rhode Island Street Address 119 Kenyon Ave	East Greenwich 24 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 Ehabling and encuraging the preplanning of dignified funeral services and providing education about funeral and burish options 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS		
President Name Susan W. Graefe	Vice President Name Bruce Donovan	
Street Address 40 Sea New Ave.	229 Medway St. #307	
Nikingstan State RI 202852	Providence State RI 02906	
secretary Name Renee Pierre	Frederick Graete	
Street Address 4 Mark Dr.	Street Address ant Ave Unit 2	
North Kingstown State 202852	Worth Providence State PII 82911	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS		
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) Of Director Name	ORPORATION SHALL NOT BE LESS THAN THREE (3). R.1.G.L. 7-6-23 Director Name	
Dana DelBonis	Harriette Rinaldi	
street Address 95 Glen Ave	Street Address 11 She mand oah Rdi	
Cranston State 21 02905	Warwick State RI O2886	
Rener Buck In	Director Name	
Street Address Patteson Ave.	Street Address	
City Warwich State RI 2102886	City State Zip	
9. REGISTERED AGENT IN RHODE ISLAND		
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78		
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
File Date 6-17-09	statements contained herein are frue and correct.
Check No	Susan W. Graete
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONE!	Title of Officer Form 631 Rev. 09/17