

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 2009

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.

permany jee of 425.00.							
1. Corporate ID No.	2. Name of Corp	2. Name of Corporation					
61364	Rhode Islar	Rhode Island Cemetery Association					
3. State of Incorporation		4. Corporate address in Rhode Island - Street Address City Zip					
Rhode Island	100 Harriso	100 Harrison Avenue			02888		
5. Foreign corporation. Enter principal office address			City	State	Zip		
6. Brief Description of the cha	racter of the affairs whic	ch are actually conducted in R	hode Island				
Discuss and act on iss	ues common to the	e cemetery industry in F	Rhode Island.				
7. NAMES AND ADDRI	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) FILL IN SI	PACES BEFORE USING ATT	TACHMENTS		
President Name			Vice President Name				
Polly Stiles			Michael Seger				
Street Address 724 Pleasant Street			Street Address P.O. Box 4971				
						City	State
Pawtucket	RI	02860	Rumford	RI	02916		
Secretary Name			Treasurer Name				
Stephen Douglas			Stephen Douglas				
Street Address			Street Address	Street Address			
100 Harrison Avenue			100 Harrison Avenue				
City	State	Ζψ	City	State	Zψ		
Warwick	RI	02888	Warwick	RI	02888		
8. NAMES AND ADDRI	ESSES OF THE DIF	LECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING AT	TACHMENTS		
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHAI	LL NOT BE LESS THAN TH	REE (3). R.I.G.L. 7-6-23		
Director Name			Director Name				
Joseph Swift			Enzly Ramsay				
Street Address			Street Address				
One Rhode Island Avenue			P.O. Box 407				
City	State	Ζip	City	State	Ζip		
Johnston	RI	02919	Bristol	Ri	02809		
Director Name			Director Name				
Joseph Cavallaro							
Street Address			Street Address				
P.O. Box 2446							
City	State	Ζψ	City	State	Zψ		
Providence	Ri	02906	1				
9. REGISTERED AGEN	I IN RHODE ISLA	ND		•	•		
This information is curre	ently of record in the	e Office of the Secretary	of State. Changes require filin	g of Form 641 - R.I.G.L. 7-6	-13/7-6-78		
This report	must be signed by	either the President, Vic	e President, Secretary, Assis	stant Secretary, Treasurer, R	Receiver or Trustee		

	FILED
File Date Check No.	JUN 2 5 2009
By:	By 1104

61364

Under penalty of perjury. I declare and aff report, including any accompanying schedu statements contained herein are true and contained the contained herein are true and contained the contained the contained herein are true and contained the contained t	les and stateme	
Signature of Officer		Date
Stephen Douglas		
Print or Type Name of Officer		
Secretary/Treasurer		
Title of Officer		