

5. Foreign corporation. Enter principal office address

2. Name of Corporation

29

The Harmony

ss in Rhode Island - Street Address
ULEVRY Rd

1. Corporate ID No. 26158

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

^{Z4}02857

Form 631 Rev. 12/06

401.222.3040 2009

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.

Сиу

Cemetery and Chapel Association

6 Brief Description of the character of the affairs which are actually conducted in Rhode Care and preservation of history of deceased	island prical ceme buried the	etery and c	chapel by
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name VON C Street Address		
Bruce W. Holt street Address, 29 Duddown Lone			
N. Scituate RI 2102857	City	State	Ζip
Secondry Name Viriscilla W. Holt	Treasurer Name Same as Secretary		
Street Address Old Quarry Rd	Street Address	<u> </u>	
on Scituate sine RI 202857	City	State	Zip
B. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATI THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND)			
Tudith Durocher	Director Name Hothur Tacoy		
161 Old County Rd	Street Address RFD Co	oper Rd	
City Esmond State RI Zip 02917	Chepael	net siane R	T 02814
Miriam Spencer	Director Name	one	
street Address East Avenue	Street Address	-	
City Harrisville State RI Zip 02930	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Cha Agent Name Nr19011/2 W. Holt	anges require filing of Address	Form 641 - R.I.G.L. 7	·-6-13 / 7-6-78
19 Old Quarry RL	No. Seit	uate	02857
This report must be signed by either the President, Vice Pr			er, Receiver or Trustee
	TY 1		
	report, includ	ing any accompanying sch	d affirm that I have examined this nedules and statements, and that all
File Date FILED	Tru	ntained herein are true and	. Halt 6-24
Check No. JUN 2 6 2009,	Signature of O	•	Host Date
By: By FOR SECRETARY OF STATE USE ONLY	Secr	Name of Officer etary / Tr	reesurer
	Title of Office	, 	