

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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 subject to a penalty fee of \$25.00/

<u> </u>			
1. Corporate ID No. 2. Name of Corporation	_		
29 981 The Pocasset	Cemetery		
3. State of Incorporation 4. Corporate address in Rhode Island - Street Address		City	Zip
RI 417 Dyer Ave	•	Cranston State	02920
5. Foreign corporation. Enter principal office address	City	State	Zip
6. Brig Description of the character of the affairs which are actually conducted in Rhode isla	ind		
V			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACH	MENT) 🔲 FILL IN SPACES BI	FORE USING ATTACH	MENTS
President Name	Vice President Name		
Evelyn Degymier	Voyce Ke	ennedy	
Street Address	Street Address		,
52 Thornton St	10 E VERGEN	een Pka	14
Providence state _ Zip	City	State	V dp
ranston RI 02907	1 Frou	MT	02904
Secretary Name	Treasurer Name	,	
Lorena Brown	Harry Cohoon		
Street Address	Street Address		
96 Lakeland Ave	273 Grandview Dr		
State O7 1/10	(a)	Nate 2 7	1.00 m
Cranston RL 02910	Warwick	1 1/7	02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTAC	· 🖵		
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) C	CORPORATION <u>SHALL NOT B</u> 1	E LESS THAN THREE	(3). R.I.G.L. 7-6-23
Theorem same	Threeter Name		
May Varling	LINDA Gr	een	
They sample	Street Address	→ ⊃	
4 Carousel Dr W B/20	13 Samose	d Dr	
On the Math OT May 230 15		State T	14 2000
Riversiae RL 027/3	Froviaence-	KL	02908
Topecon Name	Director Serie		
Ducy Perig			
W Cocare De LI # 2201	Steen Address		
4 Carousel Dr W# B205		1	
0 10 mg d 10 B 7 10 10 10 10 10 10 10 10 10 10 10 10 10	f (6)	Nitin	Z1[-
1) REGISTERED AGENT IN RHODE ISLAND	1	1	1
A MANUAL AND THE RECORD LABOUR.			
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	ident, Secretary, Assistant Secr	etary, Treasurer, Receiv	er or Trustee

File Date	FILED
Check No.	NOV 2 4 2009
Bv	By DODO
FOR S	ECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I has report, including any accompanying schedules and statem	
statements contained herein are true and correct.	senis, and that an
opelyn m Beaumer	
Signature of Afficer	Date
EVELYN M. BEAUMIER	
Print or Type Name of Officer	
Fresident	
Title of Officer	