

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR OF Providence Providence Providence NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR OF PRINTED LEGIBLY IN BLACK INK.

401.222.3040

* 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.						
1. Corporate ID No.	2. Name of Corporation		7			
29926	PLEASANT	View Comet	ery (om bany			
3. State of Incorporation	4. Corporate address in R		, ,	City	Zip	
KJ	90 30	FRAZIER L.	ANE_	TIVERTON	02878	
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						
Cemetery						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name VARION WARREN			Vice President Name			
Street Address 1402 CRANDALL Road			Street Address			
Twenton	State R.I	02878	City	State	Zip	
Secretary Name			Treasurer Name Sherrill ESTES			
Street Address			Street Address 30 FRAZIER LANC			
City	State	Zip	Twenton	State RI	02878	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECTO	ORS OF A DOMESTI	C (RHODE ISLAND)		BE LESS THAN THRI	EE (3). R.I.G.L. 7-6-23	
Milton Estes			Edmond Joyce			
Street Address			Street Address			
30 FRAZIER LANE			64 FURAND LANE			
City	State	Zip	City	State	Zip	
IVERTON	RI	02278	INVERTON	RI	02878	
Director Name Riley			Director Name			
Street Address 911 CRANDAU ROAD			Street Address			
TIVERTON RI 02878			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						
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	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 FILED	statements contained herein are true and correct.
Check No.MAY 1 1 2010	Signature of Officer Date Sherry EsTes
By: By 5 3 4 FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer TREAS VIRER
. Sa designation of the control of t	Title of Officer Form 631 Rev. 09/17