



A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
2010 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.

1. Corporate ID No. 0030169		2. Name of Corporation White Branch Cemetery Corp.	
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address Pine Hill Road	
5. Foreign corporation. Enter principal office address		City Providence	Zip 02812
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Burial Ground for the deceased			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name John Baerlein		Vice President Name Margaret Baerlein	
Street Address Pine Hill Rd.		Street Address Pine Hill Rd.	
City Providence	State R.I.	Zip 02813	City Providence
Secretary Name Norma Barber		Treasurer Name Norma Barber	
Street Address 69 Shannock Hill Rd.		Street Address 69 Shannock Hill Rd.	
City Providence	State R.I.	Zip 02812	City Providence
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) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name William Barber		Director Name John Quinn	
Street Address 69 Shannock Hill Rd.		Street Address Canaan Back Road	
City Providence	State R.I.	Zip 02812	City Providence
Director Name Scott Barber		Director Name	
Street Address 75 Shannock Hill Rd.		Street Address	
City Providence	State R.I.	Zip 02812	City
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 statements contained herein are true and correct.

Nirvana Pradhan 4/30/10
Signature of Officer Date

Norma Barber
Print or Type Name of Officer

Secretary
Title of Officer

Form 631 Rev. 09/17

FILED

File Date _____

JUL 02 2010

Check No. _____ 66

BY 121848 A

FOR SECRETARY OF STATE USE ONLY: