



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2010

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. 29784		2. Name of Corporation PHILLIPS MEMORIAL CEMETERY		
3. State of Incorporation RI	4. Corporate address in Rhode Island - Street Address 87 TRIMTOWN RD.		City NO. SCITUATE	Zip 02857
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 MAINTENANCE				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name BENJAMIN A. PHILLIPS		Vice President Name HILMA A.E. PHILLIPS		
Street Address 87 TRIMTOWN RD.		Street Address 10 C SMITH AVE		
City NO. SCITUATE	State RI	Zip 02857	City GREENVILLE	State RI
Secretary Name HERMIT WEISELQUIST		Treasurer Name MARY F. PHILLIPS		
Street Address 174 Dyer Rd.		Street Address 87 TRIMTOWN RD.		
City WESTFORD	State MA	Zip 01886	City NO. SCITUATE	State RI
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 BENJAMIN A. PHILLIPS		Director Name MELISSA LACASSE		
Street Address 87 TRIMTOWN RD.		Street Address 500 TRIMTOWN RD.		
City NO. SCITUATE	State RI	Zip 02857	City NO. SCITUATE	State RI
Director Name LINDA WEISELQUIST		Director Name		
Street Address 174 Dyer Rd.		Street Address		
City WESTFORD	State MA	Zip 01886	City	State
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

FILED

File Date
MAY 10 2011

Check No.
144135

By: **BY**
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

BENJAMIN A. PHILLIPS

Print or Type Name of Officer

PRESIDENT

Title of Officer