

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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

1 425.00.		•	y (,	o > 1 N shojett to u	
1. Corporate ID No. 2. Name of Corporation	2	<u></u>			
30855 PROPRIETO	RS OF THE A	LEW FERNWOOD CE	METT.OV		
4. Corporate address in	- Rbode Island - Street Addre:	a comment of	City	Zip	
KHODE ISLAND 2391 KINGSTOWN ROA		AD	1 4 ,	1 '	
5. Foreign corporation. Enter principal office address		City	KINGS TON State	02881	
				<i>zp</i>	
6. Brief Description of the character of the affairs which are a	ctually conducted in Rhode I.	sland			
A CEMETERY					
7. NAMES AND ADDRESSES OF THE OFFICER	S. CEVE HOW FOR A				
7. NAMES AND ADDRESSES OF THE OFFICER President Name	a: ("A" BOX FOR ATTAC	HMENT) [] FILL IN SPACES 1	BEFORE USING ATTAC	HMENTS	
ANN K. THROOP	Vice President Name				
Street Address		HOSTER T.	KINNEY		
6900 NORTHCREST WAY F.		Street Address 426 QUARTZ ST.			
City	Zip	City City	State S	T	
CLARKSTON MI	48346	REDWOOD CITY	CA	94062	
Secretary Name		Treasurer Name		174062	
STEFFANIE T. WINDUS	<u>, </u>	1 ()	FAELLA		
Street Address		Street Address			
		1 2391 KINGS	TOWN ROAD		
KINGSTON STATE R.T.	Zip	City	State	Zip	
1 11.5	02881	KINGSTON	I R.I.	02881	
8. NAMES AND ADDRESSES OF THE DIRECTOR		CHMENT) FILL IN SPACES I	BEFORE USING ATTAC	HMENTS	
THE NUMBER OF DIRECTORS OF A DOMESTI Director Name	C (RHODE ISLAND)	CORPORATION SHALL NOT	BE LESS THAN THREE	(3). R.I.G.L. 7-6-23	
^		Director Name			
CHRISTOPHER K. FAELLA		ANTONIO W FAELLA			
1072 SAUGATUCKET R	nan	Street Address	^		
City	17th	2391 KINGS	TOWN KOAD		
PEACE DALE State R.I.	02879	Tany .	State_	02881	
Director Name	1 0 0.0 //	KINGSTON	I R.I.	02881	
CHARLES A. FAELLA		Director Name			
Street Address		Street Address			
1114 SAUGATUCKET ROP	r D	sorreer nauvess			
City State	Zip	Сиу	State	7:	
PEACE DALE R.I.	02879	1	- mit	Zip	
9. REGISTERED AGENT IN RHODE ISLAND	•		ı	!	
This information is currently of record in the Office	of the Secretary of Co.	. Claure is many		i	
This information is currently of record in the Office		. Changes require filing of Form	n 641 - R.I.G.L. 7-6-13/7-	6-78	
This report must be signed by either the	an Description AVI TO 1				

ust be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	FILED
File Date	JUN 15 2011
Check No	449
FOR SEC	RETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that	t I have e	xamined this
report, including any accompanying schedules and	statement	s, and that all
statements contained herein are true and correct.		-,
Signature of Officer P. Faella	6/13	In
Signature of Officer		Date
BETTY P. FAELLA		•••
Print or Type Name of Officer		
TREASURER		
Title of Officer		