



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

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|---|-----------|--|--|-------------------------|---------------------|
| 1. Entity ID No. 106041 | | 2. Exact name of the Corporation JOHNSTON HISTORICAL CEMETERY NO. 74 RESTORATION COMMITTEE | | | |
| 3. State of Incorporation RHODE ISLAND | | 4. Corporate Address in RI - Street Address 24 BELFIELD DRIVE | | City JOHNSTON | Zip 02919 |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zip |
| 6. Brief description of the character of business conducted in Rhode Island TO RESTORE ABANDONED CEMETERY THAT WAS TARRED OVER AND THE MONUMENTS BROKEN. | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name | | | Vice-President Name Jean Ballirano | | |
| Street Address | | | Street Address 24 Belfield Drive | | |
| City | State | Zip | City | State | Zip |
| | | | Johnston | RI | 02919 |
| Secretary Name | | | Treasurer Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Ann Courtemanche | | | Director Name Janet Lemire | | |
| Street Address 48 Belfield Drive | | | Street Address 24 Belfield Drive | | |
| City | State | Zip | City | State | Zip |
| Johnston | RI | 02919 | Johnston | RI | 02919 |
| Director Name Vincent Ballirano, Sr. | | | Director Name | | |
| Street Address 24 Belfield Drive | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Johnston | RI | 02919 | | | |
| 9. REGISTERED AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641. | | | | | |

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY 137

FILED

MAY 21 2012

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.

Jean Ballirano 05/10/2012
 Signature of Officer Date

JEAN BALLIRANO

Print or Type Name of Officer

President *Vice President*
 Title of Officer