



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.

1. Entity ID No. 70382		2. Exact name of the Corporation ST. PAUL EVANGELICAL LUTHERAN CHURCH CEMETERY, INC.			
3. State of Incorporation RHODE ISLAND		4. Corporate Address in RI - Street Address 389 GREENWICH AVENUE		City WARWICK	Zip 02886
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island TO DEVELOP, MAINTAIN, OPERATE & MANAGE A CEMETERY IN WARWICK					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RUSSELL BERNTSON			Vice-President Name RALPH ANDERSON		
Street Address 323 THAMES AVENUE			Street Address 950 MAIN AVENUE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name DALE WHITNEY			Treasurer Name CAROLYN ROMELCZYK		
Street Address 99 MYRTLE AVENUE			Street Address 141 NATICK AVENUE		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
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 ERIC LUTYNSKI			Director Name ROBERT JACOB		
Street Address 42 HARDWICK STREET			Street Address 69 HIGH POINT		
City WARWICK	State RI	Zip 02886	City EAST GREENWICH	State RI	Zip 02818
Director Name MAY PERRINO			Director Name		
Street Address 31 HARDY STREET			Street Address		
City CRAWSTON	State RI	Zip 02920	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 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

FILED

MAY 21 2012

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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 statements contained herein are true and correct.

Carolyn Romelczyk 5/18/12
Signature of Officer Date

CAROLYN ROMELCZYK
Print or Type Name of Officer

TREASURER
Title of Officer