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.	2. Exact name of the Corporation		
70382	ST. PAUL EVANGELICAL LUTHERAN CHURCH CEMETERY, INC.		
3. State of Incorporation	4. Corporate Address in RI - Street Address	City	Zip
RHODE ISLAND	389 GREENWICH AVENUE	WARWICK	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) ☐

President Name			Vice-President Name		
RUSSELL BERNTSON			RALPH ANDERSON		
Street Address			Street Address		
323 THAMES AVENUE			950 MAIN AVENUE		
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886
Secretary Name			Treasurer Name		
DALE WHITNEY			CAROLYN ROMELCZYK		
Street Address			Street Address		
99 MYRTLE AVENUE			141 NATICK AVENUE		
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
ERIC LUTYNSKI			ROBERT JACOB		
Street Address			Street Address		
42 HARDWICK STREET			69 HIGH POINT		
City	State	Zip	City	State	Zip
WARWICK	RI	02886	EAST GREENWICH	RI	02818
Director Name			Director Name		
MAY PERRINO					
Street Address			Street Address		
31 HARDY STREET					
City	State	Zip	City	State	Zip
CRANSTON	RI	02920			

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 736

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.

Carolyn Romelczyk — 5/18/12
Signature of Officer — Date

CAROLYN ROMELCZYK
Print or Type Name of Officer

TREASURER
Title of Officer

Form No. 631
Revised: 01/2012