



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/business

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. 28813		2. Exact name of the Corporation Quidnessett Memorial Cemetery			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Cemetery Operations			
5. Principal office address 6365 Post Road		City North Kingstown		State RI	Zip 02852-1826
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name W. Robert Kalander, Jr.		Vice-President Name Robert Allen Greene			
Street Address 63 Westwind Dr., PO Box 378		Street Address PO Box 137			
City Jamestown	State RI	Zip 02835	City East Greenwich	State RI	Zip 02818
Secretary Name Sally A. Russell		Treasurer Name Russell J. Osborne			
Street Address 700 Main Street, PO Box 572		Street Address 275 Fishing Cove Rd.			
City East Greenwich	State RI	Zip 02818-0572	City North Kingstown	State RI	Zip 02852
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name Lillian L. Allen		Director Name Cheryl Gale-Burchette (formerly Cheryl J. Johnson)			
Street Address 154 Essex Rd.		Street Address 56 Edgewater Dr.			
City North Kingstown	State RI	Zip 02852	City Wakefield	State RI	Zip 02879
Director Name Margaret R. DeCubellis		Director Name Garnett E. Howard, Emeritus			
Street Address 27 Lee Ann Drive		Street Address PO Box 2078			
City Narragansett	State RI	Zip 02882	City North Kingstown	State RI	Zip 02852
8. 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

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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.

Signature of Officer

Date

W. Robert Kalander, Jr.

Print or Type Name of Officer

President

Title of Officer

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SECTION 7 ATTACHMENT – OTHER DIRECTORS

Robert F. Kimball
36 Edgewater Dr.
Wakefield RI 02879

Richard C. Lewis
2400 South County Trail
East Greenwich RI 02818-1576

Allan J. Stoppard
1387 Plainfield Pike
Greene RI 02827

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