



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. 000105120		2. Exact name of the Corporation WARREN HISTORICAL CEMETERY COMMISSION			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island CLEAN AND MAINTAIN CEMETERIES			
5. Principal office address 17 MILWAUKEE AVENUE P.O. BOX 293			City WARREN	State R.I.	Zip 02885
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JUDITH A. FARDIG			Vice-President Name DAVID W. McCARTHY		
Street Address 17 MILWAUKEE AVENUE P.O. BOX 293			Street Address 17 MILWAUKEE AVENUE P.O. BOX 293		
City WARREN	State R.I.	Zip 02885	City WARREN	State R.I.	Zip 02885
Secretary Name CAROLYN O'BRIEN			Treasurer Name KRISTEN CASTRIOTTA		
Street Address P.O. BOX 28			Street Address 640 WARREN AVENUE		
City WARREN	State R.I.	Zip 02885	City SWANSEA	State MA.	Zip 02777
7. 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 WENDY DALLIMORE			Director Name CHARLES OTLEY		
Street Address P.O. BOX 293			Street Address 17 MAPLE ROAD		
City WARREN	State R.I.	Zip 02885	City WARREN	State R.I.	Zip 02885
Director Name WENDELL POLLS			Director Name CONSTANCE VITULLO		
Street Address 17 MAPLE ROAD			Street Address 44 BRIDGE STREET		
City WARREN	State R.I.	Zip 02885	City WARREN	State R.I.	Zip 02885
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

FILED

JUL 16 2012

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

By JAF
#6047

Judith A. Fardig 7-12-12
 Signature of Officer Date

JUDITH A. FARDIG
 Print or Type Name of Officer

PRESIDENT/AGENT
 Title of Officer