



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02914-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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.

2012 OCT 4 AM 10:58

1. Entity ID No. 0026819		2. Exact name of the Corporation Elm Grove Cemetery Company	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Cemetery	
5. Principal office address 960 Tower Hill Rd		City W0 KingsTown	State RI
		Zip 02852	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Paul Wilson		Vice-President Name Charles LaSrenieki	
Street Address 314 Patten Rd		Street Address 960 Tower Hill Rd	
City W0 KingsTown	State RI	City W0 KingsTown	State RI
Zip 02852		Zip 02852	
Secretary Name Verna LaSrenieki		Treasurer Name Charles LaSrenieki	
Street Address 960 Tower Hill Rd		Street Address 960 Tower Hill Rd	
City W0 KingsTown	State RI	City W0 KingsTown	State RI
Zip 02852		Zip 02852	
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 Thomas Pierce		Director Name Phyllis Oatley	
Street Address 122 Pleasant St		Street Address 1174 Ten Rod Rd	
City W0 KingsTown	State RI	City Exeter	State RI
Zip 02852		Zip 02822	
Director Name Bernard LaSrenieki		Director Name Verna LaSrenieki	
Street Address 1159 Tower Hill Rd		Street Address 960 Tower Hill Rd	
City W0 KingsTown	State RI	City W0 KingsTown	State RI
Zip 02852		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

FILED 1056

OCT 04 2012

BY 180433

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 Charles LaSrenieki Date 9/29/12

Print or Type Name of Officer Charles LaSrenieki

Title of Officer Treasurer