



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. 29784		2. Exact name of the Corporation PHILLIPS MEMORIAL CEMETERY			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island CEMETERY MAINTENANCE			
5. Principal office address 87 TRIMTOWN RD.		City NO. SCITUATE	State RI	Zip 02857	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name BENJAMIN A. PHILLIPS			Vice-President Name HILMA A. E. PHILLIPS		
Street Address 87 TRIMTOWN RD			Street Address 120 SMITH AVE		
City NO. SCITUATE	State RI	Zip 02857	City GREENVILLE	State RI	Zip
Secretary Name PERMIT WEISELQUIST			Treasurer Name MARY F. PHILLIPS		
Street Address 174 DEPOT RD			Street Address 87 TRIMTOWN RD		
City WESTFORD	State MA	Zip 01886	City NO. SCITUATE	State RI	Zip 02857
<b>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"/></b>					
Director Name BENJAMIN A. PHILLIPS			Director Name MELISSA LACASSE		
Street Address 87 TRIMTOWN RD			Street Address 500 TRIMTOWN RD		
City NO. SCITUATE	State RI	Zip 02857	City NO. SCITUATE	State RI	Zip 02857
Director Name LINDA WEISELQUIST			Director Name		
Street Address 174 DEPOT RD			Street Address		
City WESTFORD	State MA	Zip 01886	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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.

SECRETARY OF STATE  
 CORPORATIONS DIV  
 2013 JAN - 9 AM 9:48

**FILED**

JAN 09 2013  
 1187104

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: BENJAMIN A. PHILLIPS Date: 1-9-13  
 Print or Type Name of Officer: BENJAMIN A. PHILLIPS  
 Title of Officer: PRESIDENT

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
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