



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 2013

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. 000133755		2. Exact name of the Corporation Winsor Family Cemetery Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To maintain the Winsor Family Cemetery Plot in Greenville, Rhode Island			
5. Principal office address 25 Friendly Road		City East Greenwich	State RI	Zip 02818	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mark E. Gardiner			Vice-President Name Avis B. Gardiner		
Street Address 71 Cranberry Dr			Street Address 25 Friendly Rd		
City Scituate	State RI	Zip 02831	City East Greenwich	State RI	Zip 02818
Secretary Name Avis B. Gardiner			Treasurer Name Mark E. Gardiner		
Street Address 25 Friendly Rd			Street Address 71 Cranberry Dr		
City East Greenwich	State RI	Zip 02818	City Scituate	State RI	Zip 02831
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 Avis B. Gardiner			Director Name Mark E. Gardiner		
Street Address 25 Friendly Rd			Street Address 71 Cranberry Dr		
City East Greenwich	State RI	Zip 02818	City Scituate	State RI	Zip 02831
Director Name Cynthia Tough			Director Name		
Street Address 61 Sao Paulo Dr			Street Address		
City East Falmouth	State MA	Zip 02536	City	State	Zip
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

MAY 21 2013

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.

Mark E. Gardiner

5/20/2013

Signature of Officer

Date

Mark E. Gardiner

Print or Type Name of Officer

President

Title of Officer

By *[Signature]*
CR# 109