



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. 28345		2. Exact name of the Corporation THE OAK DELL CEMETERY COMPANY			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island CEMETERY OPERATION			
5. Principal office address 114 B SHEFFIELD HILL ROAD			City EXETER	State R. I.	Zip 02822
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name NONE			Vice-President Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name BRADFORD GOFF			Treasurer Name BRADFORD GOFF		
Street Address 114 B SHEFFIELD HILL RD.			Street Address SAME		
City EXETER	State R. I.	Zip 02822	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name HOLLY SMITH			Director Name CAROLYN CRIST-SCHWAB		
Street Address P.O. BOX A			Street Address 2507 FAIRFAX RD.		
City PEACE DALE	State R. I.	Zip 02883	City GREENSBORO	State N. C.	Zip 27407
Director Name CHARLES CARPENTER			Director Name BRADFORD GOFF		
Street Address 49 VIRGINIA AVE.			Street Address 114 B SHEFFIELD HILL RD.		
City NORTH KINGSTON	State R. I.	Zip 02852	City EXETER	State R. I.	Zip 02822
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

JUN 12 2013

BY 1033

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 Bradford Goff Date 6/10/13

Print or Type Name of Officer BRADFORD GOFF

Title of Officer SECRETARY - TREASURER



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3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>CEMETERY OPERATION</u>			
5. Principal office address <u>114 B STEFFIELD Hill Rd.</u>		City <u>EXETER</u>	State <u>R.I.</u>	Zip <u>02822</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <u>KAREN ELLSWORTH</u>			Director Name		
Street Address <u>180 MATUNUCK School House Rd.</u>			Street Address		
City <u>WAKEFIELD</u>	State <u>R.I.</u>	Zip <u>02879</u>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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Bradford Goff 6/10/13
Signature of Officer Date

BRADFORD GOFF
Print or Type Name of Officer

SECRETARY - TREASURER
Title of Officer