



**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. <b>106041</b>		2. Exact name of the Corporation <b>JOHNSTON HISTORICAL CEMETERY NO. 74 RESTORATION COMMITTEE</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>TO RESTORE ABANDONED CEMETERY THAT WAS TARRER OVER TO USE AS A PARKING LOT AND THE MONUMENTS BROKEN</b>			
5. Principal office address <b>24 BELFIELD DRIVE</b>		City <b>JOHNSTON</b>		State <b>RI</b>	Zip <b>02919</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name		Vice-President Name <b>Jean Ballirano</b>			
Street Address		Street Address <b>24 Belfield Drive</b>			
City	State	Zip	City	State	Zip
			<b>Johnston</b>	<b>RI</b>	<b>02919</b>
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	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 type="checkbox"/>					
Director Name <b>Janet Lemire</b>		Director Name <b>Vincent Ballirano, Sr.</b>			
Street Address <b>24 Belfield Drive</b>		Street Address <b>24 Belfield Drive</b>			
City	State	Zip	City	State	Zip
<b>Johnston</b>	<b>RI</b>	<b>02919</b>	<b>Johnston</b>	<b>RI</b>	<b>02919</b>
Director Name <b>Ann Courtemanche</b>		Director Name			
Street Address <b>48 Belfield Drive</b>		Street Address			
City	State	Zip	City	State	Zip
<b>Johnston</b>	<b>RI</b>	<b>02919</b>			
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**

**JUN 14 2013**

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.

*Jean Ballirano* 5/1/2013  
Signature of Officer Date

**Jean Ballirano**

Print or Type Name of Officer

~~President~~ *vice president*  
Title of Officer