

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.

| | | | BY JULY 30 WILL RESULT IN A | \$25.00 PENALT | Y FEE. | |
|---|-------------------------|-------------------------------------|--|---------------------|------------------|------------|
| 1. Entity ID No. | | 2. Exact name of the Corporation | | | | |
| 26449 | East Gr | East Greenwich Cemetery Corporation | | | | |
| 3. State of Incorporation | 4. Brief des | scription of the characte | er of business conducted in Rhode Isla | and | | 6 0 |
| | Burial Ground | | | | CHI | |
| Rhode Island | | | | | حت <u>ک</u> | SET |
| 5. Principal office address PO Box 201 - 100 First Avenue | | | City East Greenwich | State Ri | Zip 02848 | 2035 |
| 6. LIST ALL OFFICERS (N | | DECCEC /"Y" DAY E | [| 124 | 02890 | <u> </u> |
| President Name | WHITE ALE ADD | HEOGES) (A BOX F | Vice-President Name | | | 문약 |
| Danny Moone | | | - "S" | | | |
| Street Address | | | Street Address | | ယ | |
| 32 Upland Avenue | | | | | <u>~</u> | <u> </u> |
| City | State | Zip | City | State | Zip | |
| East Greenwich | RI | 02818 | | | · | |
| Secretary Name | | Treasurer Name | | | | |
| Allison H. Morrison | | | Allison H. Morrison | | | |
| Street Address | | | Street Address | | | |
| PO Box 201 | | PO Box 201 | | | | |
| City | State | Zip | City | State | Zip | |
| East Greenwich | Ri | 02818 | East Greenwich | RI | 02818 | |
| 7. LIST <u>ALL</u> DIRECTORS ("X" BOX FOR ATTACH | (NAMES AND ADI MENT) | DRESSES), RHODE IS | SLAND CORPORATIONS MUST LIS | T NO LESS THAN | N THREE (3) DI | RECTORS |
| Director Name | | | Director Name | | | |
| Alan Clarke | | | Robert Allen Greene | | | |
| Street Address | | | Street Address | | | |
| PO Box 27 | | | PO Box 137 | | | |
| City | State | Zip | City | State | Zip | |
| East Greenwich | RI | 02818 | East Greenwich | RI | 02818 | |
| Director Name Gene Dumas | | | Director Name | | | |
| Street Address | | | Lydia Keenzel | | | |
| 50 Montrose Street | | | Street Address | | | |
| City | l Ctoto | T-5 | 37 Oberlin Drive | | | |
| East Greenwich | State RI | Zip 02818 | City | State | Zip | |
| | | U2818 | Warwick | RI | 02886 | |
| B. REGISTERED AGENT IN | | - 041 | | | | |
| | | | ary of State. Changes require filing | | | |
| This report must | be signed by eithe | r the President, Vice-P | resident, Secretary, Assistant Secreta | ry, Treasurer, Rece | eiver or Trustee | |

| FILED FILED | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and than all statements complined herein are true and correct/ |
|---|--|
| Check No | 11 18 m 1 11 0 Man 7/1/13 |
| By: JUL 0 5 2013 | Signature of Officer Date |
| FOR SECRETARY OF STATE USE ONLY BY M 200984 | Allison H. Morrison |
| orm No. 631 evised: 05/2012 | Print or Type Name of Officer Secretary / Tyeaswer Title of Officer |