



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 2014

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. <u>30855</u>		2. Exact name of the Corporation <u>PROPRIETORS OF THE NEW FERNWOOD CEMETERY</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>Cemetery</u>	
5. Principal office address <u>2391 KINGSTOWN ROAD</u>		City <u>KINGSTON</u>	State <u>R.I.</u> Zip <u>02881</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name <u>ANN K. THROOP</u>		Vice-President Name <u>FOSTER T. KINNEY</u>	
Street Address <u>6900 NORTHCREST WAY E.</u>		Street Address <u>426 QUARTZ STREET</u>	
City <u>CLARKSTON</u>	State <u>MI.</u>	City <u>REDWOOD CITY</u>	State <u>CA</u> Zip <u>90642</u>
Secretary Name <u>STEFFANIE T. WINDUS</u>		Treasurer Name <u>BETTY P. FAELLA</u>	
Street Address <u>P.O. Box 265</u>		Street Address <u>2391 KINGSTOWN ROAD</u>	
City <u>KINGSTON</u>	State <u>R.I.</u>	City <u>KINGSTON</u>	State <u>R.I.</u> Zip <u>02881</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name <u>CHRISTOPHER K. FAELLA</u>		Director Name <u>ANTONIO W. FAELLA</u>	
Street Address <u>1072 SAUGATUCKET RD.</u>		Street Address <u>2391 KINGSTOWN ROAD</u>	
City <u>PEACE DALE</u>	State <u>R.I.</u>	City <u>KINGSTON</u>	State <u>R.I.</u> Zip <u>02881</u>
Director Name <u>CHARLES A. FAELLA</u>		Director Name	
Street Address <u>1114 SAUGATUCKET RD.</u>		Street Address	
City <u>PEACE DALE</u>	State <u>R.I.</u>	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

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.

Betty P. Faella 6/2/14
Signature of Officer Date

BETTY P. FAELLA
Print or Type Name of Officer

TREASURER
Title of Officer