

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) 222-3(140 - 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.	2. Exact name of	the Corporation			•
0026819	Elm Grove Cemetery Co.				
3. State of Incorporation	 Brief descriptio 	n of the character of bu	siness conducted in Rhode Island		***************************************
RI	Ceme	etery			
5. Principal office address 960 lower H, 1/ Road			Wokings Tow	State Z	02852
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)					
President Name			Vice-President Name Verna Lafreniere		
Charles Las Renière			Ctroot Address		
City No KinssTown RI 02852			960 Tower Hill Rd		
No KinssTown	State	Zip 02852	City No Kings Town	RI	02852
Secretary Name			Treasurer Name	•	
Verna Lasnenienie			Charles Latreniere		
Street Address 960 Tower 1	4,11 Re	/	960 Towar HI	IRd	
Street Address 960 Tower City Noking KTown	State RI	Zip U2852	No Kinsslown	KI	1p 02852
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS					
"X" BOX FOR ATTACHMENT			可可能的是1.4世纪的一种1.50世纪2012年19		
Director Name	. Easin	ja Landrida inn	Director Name Vera M Las		٠ -
Bernand F	-aspery	KEIRE_	Street Address		
1154 Towe	a Kill 1	Ral	960/owen Hil	1 Rel	
City Noting Town	State RZ	Zip 02852	CHY Wokinsslow	State Z	10 02852
Director Name		····	Director Name		Į.
Bhy /// 5 OATICY Street Address			Charles Laskeniere		
Street Audiress 1174 Ten Rad Rd			Street Address 960 Jower HII Ral City Wo Kings Town RI C2852		
City	State	Zip 02822	Ob King Town	State Z	02852
1-XE/CR.	OF ISLAND		7.7.7.7.3	Alais (China)	
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 CA					
en e			Under penalty of perjury, I decla	re and affirm tha	t I have examined
File Date		MAR 2 6 2015	this report, including any accomand that all statements contains	npanying scheou ed herein are true	and correct.
Check No		ביינונ ב ט בעון	Ch. O. L. On	Umi.	3/20/11
By: 01 OI UN 97	WH SIBY /W	245523	Signature of Officer		Date
-7- UI -UI MY - 26 -			- Charles has	Renie	nie
FOR SECRETARY OF STATE U	SE ONLX	10,01	Print or Type Name of Officer		
OF SIVIES ON THE	150033 1		Presiden Title of Officer		
levised: 05/2012			. •		_