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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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
26388	**Hillside Cemetery Association**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Burials**

5. Principal office address	City	State	Zip
432 Seapowet Ave.	**Tiverton**	**RI**	**02878**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Stephen Barker	**38 Seal Island**	**Bristol**	**RI**	**02807**

Vice-President Name	Street Address	City	State	Zip
None				

Secretary Name	Street Address	City	State	Zip
Gerald Silva	**105 North Court**	**Tiverton**	**RI**	**02878**

Treasurer Name	Street Address	City	State	Zip
N. Jameson Chace	**387 Hix Bridge Rd**	**Westport**	**MA**	**02790**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Robert Martin	**313 Neck Rd**	**Tiverton**	**RI**	**02878**
Richard Boluc	**20 Stafford Heights**	**Fall River**	**MA**	**02721**
Donald Snell	**127 Bulgermarsh Rd**	**Tiverton**	**RI**	**02878**
William S. Sanford	**3670 Bulgermash Rd**	**Tiverton**	**RI**	**02878**

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, duly Authorized Representative, Receiver or Trustee

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY

FILED
MAY 11 2015
BY 293

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.

N. Jameson Chace 5/7/15
Signature of Officer or Authorized Representative — Date

N. Jameson Chace, Treasurer
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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