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
29101	**Pascoag Cemetery in Burrillville**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Burials**

5. Principal office address		City	State	Zip
305 Pascoag Main St.	**P O Box 622**	**Harrisville**	**RI**	**02830**

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

President Name			Vice-President Name		
Mark Brizard			**Bruce W Rylah**		
Street Address			Street Address		
P O Box 1010			**60 George Eddy Rd**		
City	State	Zip	City	State	Zip
Mapleville	**RI**	**02839**	**Pascoag**	**RI**	**02859**
Secretary Name			Treasurer Name		
Evelyn M Levesque			**Evelyn M Levesque**		
Street Address			Street Address		
4 Broad St			**4 Broad St**		
City	State	Zip	City	State	Zip
Pascoag	**RI**	**02859**	**Pascoag**	**RI**	**02859**

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

Director Name			Director Name		
David W Heon			**Shirley Richard**		
Street Address			Street Address		
99 Pulaski Rd			**611 South Main St**		
City	State	Zip	City	State	Zip
Chepachet	**RI**	**02814**	**Pasccoag**	**RI**	**02859**
Director Name			Director Name		
SCOTT Rylah			Cynthia Brizard		
Street Address			Street Address		
55 George Eddy Rd			P O Box 1010		
City	State	Zip	City	State	Zip
Pascoag	RI	02859	Mapleville,	RI	02839

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: _____ **FILED**

FOR SECRETARY OF STATE USE ONLY

MAY 18 2015

BY _____

Form No. 631
Revised: 04/2014

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.

Evelyn M Levesque — 5/1/15
Signature of Officer or Authorized Representative — Date

Evelyn M Levesque, Treasurer
Print or Type Name of Officer or Authorized Representative