



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. 118992		2. Exact name of the Corporation Gateway Cemetery Company			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Inactive - formed to hold cemetery property			
5. Principal office address 175 Mathewson Street		City Providence	State RI	Zip 02903	
6. OFFICERS NAMES AND ADDRESSES (SEE INSTRUCTIONS FOR ATTACHMENT) <input type="checkbox"/>					
President Name Stephen Haskell		Vice-President Name NONE			
Street Address 175 Mathewson Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Benjamin P. Harris, III		Treasurer Name Gordon Martin			
Street Address 11 South Angell Street, #337		Street Address 175 Mathewson Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02903
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert T. Brooks		Director Name Gordon Martin			
Street Address 285 West Main Road		Street Address 175 Mathewson Street			
City Little Compton	State RI	Zip 02937	City Providence	State RI	Zip 02903
Director Name Stephen Haskell		Director Name			
Street Address 175 Mathewson Street		Street Address			
City Providence	State RI	Zip 02903	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, duly Authorized Representative, Receiver or Trustee

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 02 2015

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A.A.

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.

Benjamin P. Harris, III 5/26/15
Signature of Officer or Authorized Representative Date

Benjamin P. Harris, III, Secretary

Print or Type Name of Officer or Authorized Representative