

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • Filing Fee: \$20.00° • This report must be typed or printed Legibly in Black ink.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a small report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 2,6158	2. Name of Congoration The Harr	nony Ceme	tery and Chape	Associa	tion. Inc
3. State of Incorporation.	4. Corporate address in R	ibodo islanki - Street Address Quevry 1		N. Scitua	de 02857
5. Poreign corporation. Enter principal office address			City	Scane RI.	Z
6. Brief Description of the character of the affairs which are actually conducted in Rhode Islan historical cal cemetery and cha			nd care and	Breserv	ation of
MISTORICAL OF CALLS	CEMETERS	y and cha heve. :(" box for attachi	_	THE VIS OF SEFORE USING ATTAC	
Bruce W. Holt			Vice President Name None		
29 Suddard Lane			Street Address		
W. Scituate	Secono RI	24 02857	City	State	Ζip
Priscille W. Holt			Treasurer Name & Secy		
29 Old Overry Rd			Street Address		
W. Scituate	Seems	24 02857	City	State	Zφ TIMDNITE
B. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING AT IACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Judith Durocher			Hubert Holt, Jr.		
161 Old County Rd			29 Old Quarry Rd		
Esmond.	Shame RI	202907	N. Scituate	Same RI	02857
Miriam Spencer			Director Name		
Street address East Avenue			Street Address		
Harrisville	RI	•	City	State	Zip
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					
_		FILED			_
			Under penalty of perju	ry, I declare and affirm th	nat I have examined this
		JUN 0 4 21	report, including any ac statements contained he	ecompanying schedules and correct.	d statements, and that all
File Date		v 3050	Signature of Officer	la W. T	folt Date
Check No.		J	Priscil	la W. Ho	911 m
Ву:			Print or Type Name of O	Treasur	-01
FOR SECRETARY OF STA	TE USE ONLY		Title of Officer	i readur	