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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
31355	**The Riverside Burial Society of Pawtucket**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Burial of the human dead.**

5. Principal office address	City	State	Zip
724 Pleasant Street	**Pawtucket**	**RI**	**02860**

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

President Name			Vice-President Name		
Milton Payne			**Polly Stiles**		
Street Address			Street Address		
7 Kinne Road			**724 Pleasant Street**		
City	State	Zip	City	State	Zip
Glastonbury	**CT**	**06033**	**Pawtucket**	**RI**	**02860**
Secretary Name			Treasurer Name		
David R. Harrison			**Polly Stiles**		
Street Address			Street Address		
55 Mead Street			**724 Pleasant Street**		
City	State	Zip	City	State	Zip
Seekonk	**MA**	**02771**	**Pawtucket**	**RI**	**02860**

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		
Milton Payne			**Polly Stiles**		
Street Address			Street Address		
7 Kinne Road			**724 Pleasant Street**		
City	State	Zip	City	State	Zip
Glastonbury	**CT**	**06033**	**Pawtucket**	**RI**	**02860**
Director Name			Director Name		
David R. Harrison			**Tina Preble**		
Street Address			Street Address		
55 Mead Street			**422 S. Main Street**		
City	State	Zip	City	State	Zip
Seekonk	**MA**	**02771**	**Bradford**	**MA**	**01835**

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 19 2015

BY 1500

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.

Polly D Stiles 6-17-15
Signature of Officer or Authorized Representative Date

Polly D. Stiles, Treasurer/Vice President
Print or Type Name of Officer or Authorized Representative

Form 1201632-1044534
Revised: 04/2014