

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.

I. Entity ID No.		2. Exact name of the Corporation				
31355	The Riverside Burial Society of Pawtucket					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island Burial of the human dead.					
Rhode Island						
. Principal office address 24 Pleasant Street			City Pawtucket	State RI	Zip 02860	
LIST ALL OFFICERS (NA	MES AND ADDF	ESSES) ("X" BOX FO			y	
President Name			Vice-President Name			
Milton Payne			Polly Stiles			
Street Address			Street Address			
' Kinne Road			724 Pleasant Street			
City	State	Zip	City	State	Zip	
ilastonbury	СТ	06033	Pawtucket	RI	02860	
ecretary Name			Treasurer Name			
avid R. Harrison			Polly Stiles			
Street Address			Street Address			
5 Mead Street			724 Pleasant Street			
ity	State	Zip	City	State	Zip	
eekonk	MA	02771	Pawtucket	RI	02860	
LIST <u>ALL</u> DIRECTORS (I ("X" BOX FOR ATTACHN		RESSES). RHODE IS	SLAND CORPORATIONS MUST	LIST NO LESS THAN	THREE (3) DI	
irector Name			Director Name			
Milton Payne			Polly Stiles			
Street Address			Street Address			
7 Kinne Road			724 Pleasant Street			
City	State	Zip	City	State	Zip	
lastonbury	СТ	06033	Pawtucket	RI	02860	
lirector Name			Director Name			
David R. Harrison			Tina Preble			
treet Address			Street Address			
5 Mead Street			422 S. Main Street			
City	State	Zip	City	State	Zip	
eekonk	MA	02771	Bradford	MA	01835	
. REGISTERED AGENT IN						
his information is current	v of record in the	e Office of the Secret	ary of State. Changes require fil	ing Form 641.		

File Date		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.		
By:	FILED	Fully Officer or Authorized Representative Date		
FOR SECRETARY OF STATE USE ONLY Form No. 631 Revised: 04/2014 BY _	JUN 1 9 2015	Print or Type Name of Officer or Authorized Representative		