



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. 28813		2. Exact name of the Corporation Quidnesset Memorial Cemetery (actually spelled Quidnessett)			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Cemetery Operations			
5. Principal office address 6365 Post Rd.		City North Kingstown		State RI	Zip 02852
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name W. Robert Kalander, Jr.		Vice-President Name Robert Allen Greene			
Street Address 63 Westwind Dr., PO Box 378		Street Address PO Box 137			
City Jamestown	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Sally A. Russell		Treasurer Name Allan J. Stoppard			
Street Address 700 Main St., PO Box 572		Street Address 1387 Plainfield Pike			
City East Greenwich	State RI	Zip 02818	City Greene	State RI	Zip 02827
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Lillian L. Allen		Director Name Margaret R. DeCubellis			
Street Address 154 Essex Rd.		Street Address 27 Lee Ann Drive			
City North Kingstown	State RI	Zip 02852	City Narragansett	State RI	Zip 02882
Director Name Paul F. Hartley		Director Name Robert F. Kimball			
Street Address 6275 Post Rd.		Street Address 36 Edgewater Dr.			
City North Kingstown	State RI	Zip 02852	City Wakefield	State RI	Zip 02879
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 BY 27332

FILED

JUN 29 2015

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.

Paul F. Hartley 6/25/2015
Signature of Officer or Authorized Representative Date

Paul F. Hartley, General Manager and Director

Print or Type Name of Officer or Authorized Representative

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SECTION 7 ATTACHMENT – OTHER DIRECTORS

LEON C. KNUDSEN
348 Plainfield Pike
Greene RI 02827

RICHARD C. LEWIS
2400 South County Trail
East Greenwich RI 02818-1576