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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
000026957	EXETER Cemetary
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
1-2-1871	Burials of heirs + assigns

5. Principal office address	City	State	Zip
55 School Land Woods Rd	Exeter	RI	02822

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

President Name	Vice-President Name
Patricia L Whitford	
Street Address	Street Address
55 School Land Woods Rd	
City / State / Zip	City / State / Zip
Exeter / RI / 02822	
Secretary Name	**Treasurer Name**
Robert A Whitford	Patricia L Whitford
Street Address	Street Address
55 School Land Woods Rd	55 School Land Woods Rd
City / State / Zip	City / State / Zip
Exeter / RI / 02822	Exeter / RI / 02822

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
Richard S Brown	Lewis E Peckgr
Street Address	Street Address
6059 Ten Rod Rd	2 Sunderland Rd
City / State / Zip	City / State / Zip
Exeter / RI / 02822	Exeter / RI / 02822
Director Name	**Director Name**
Rebecca Whitford	
Street Address	Street Address
556 Ten Rod Rd	
City / State / Zip	City / State / Zip
Exeter / RI / 02822	

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
JUL 02 2015
BY 5330

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.

Patricia L Whitford — 6-30-15
Signature of Officer or Authorized Representative — Date

President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
122653-6-1044128