



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. <u>000026957</u>		2. Exact name of the Corporation <u>EXETER Cemetery</u>			
3. State of Incorporation <u>1-2-1871</u>		4. Brief description of the character of business conducted in Rhode Island <u>BURIALS of heirs & assigns</u>			
5. Principal office address <u>55 School Land Woods Rd</u>		City <u>Exeter</u>		State <u>RI</u>	Zip <u>02822</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name <u>Patricia L Whitford</u>			Vice-President Name		
Street Address <u>55 School Land Woods Rd</u>			Street Address		
City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>	City	State	Zip
Secretary Name <u>Robert A Whitford</u>			Treasurer Name <u>Patricia L Whitford</u>		
Street Address <u>55 School Land Woods Rd</u>			Street Address <u>55 School Land Woods Rd</u>		
City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>	City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name <u>Richard S Brown</u>			Director Name <u>Lewis E Peck Jr</u>		
Street Address <u>659 Ten Rod Rd</u>			Street Address <u>2 Sunderland Rd</u>		
City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>	City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>
Director Name <u>Rebecca Whitford</u>			Director Name		
Street Address <u>850 Ten Rod Rd</u>			Street Address		
City <u>Exeter</u>	State <u>RI</u>	Zip <u>02822</u>	City	State	Zip
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

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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