



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000029981

2. Name of Corporation The Pocasset Cemetery

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 417 DYER AVENUE

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO INTER HUMAN REMAINS AND TO MAINTAIN THE GROUNDS IN A FITTING MANNER.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	LORENA A DODGE	49 SHERMAN AVENUE CRANSTON, RI 02920 USA
PRESIDENT	EVELYN BEAUMIER	52 THORNTON ST. PROVIDENCE, RI 02909- USA

DIRECTOR	LINDA GREEN	417 DYER AVE CRANSTON, RI 02920 USA
DIRECTOR	JOYCE KENNEDY	417 DYER AVE CRANSTON , RI 02920 USA
DIRECTOR	LORENA BROWN	96 LAKELAND ROAD CRANSTON, RI 02910 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

EVELYN BEAUMIER 417 DYER AVENUE CRANSTON , RI 02920

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 29 Day of July, 2015 at 12:02:28 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ALICIA BENTLEY
Signature of Authorized Person

Form No. 631
Revised 09/07

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