



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation	
30472		Wood River Cemetery	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
Rhode Island		maintain cemeteries	
5. Principal Office Address		City	State
85 Nooseneck Hill Road		Richmond	RI
		Zip	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Martha B Vida		Vice-President Name Georgia J. Ure	
Street Address 27 Sachem Road		Street Address 26 Prospect Sq (PO Box 123)	
City Greenwich	State CT	Zip 03860	City Wyoming
			State RI
			Zip 02898
Secretary Name Caroline Barnes		Treasurer Name Carolyn S Richard	
Street Address 155 Davenport Dr		Street Address 96 Shannock Hill Rd (PO Box 8)	
City Chesterfield	State NJ	Zip 08515	City Shannock
			State RI
			Zip 02875
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Martha B. Vida		Director Name Georgia J. Ure	
Street Address 27 Sachem Rd		Street Address 26 Prospect Sq (PO Box 123)	
City Greenwich	State CT	Zip 03860	City Wyoming
			State RI
			Zip 02898
Director Name Caroline Barnes		Director Name Carolyn S Richard	
Street Address 155 Davenport Dr		Street Address 96 Shannock Hill Rd (PO Box 8)	
City Chesterfield	State NJ	Zip 08515	City Shannock
			State RI
			Zip 02875
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative			Date
Carolyn S. Richard			May 31, 2016
Signature of Officer/Authorized Representative			

FILED

JUN 06 2016

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