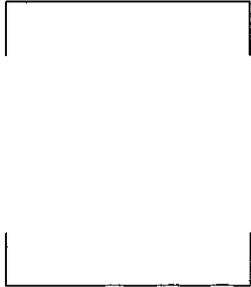


**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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			
29101		Pascoag Cemetery in Burrillville			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Burials			
5. Principal Office Address		City	State	Zip	
305 Pascoag Main St P O Box 622		Harrisville	RI	02830	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bruce W Rylah			Vice-President Name Mark Brizard		
Street Address 60 George Eddy Rd			Street Address P O Box 1010		
City Pascoag	State RI	Zip 02859	City Mapleville	State RI	Zip 02839
Secretary Name Evelyn M Levesque			Treasurer Name Evelyn M Levesque		
Street Address 4 Broad St			Street Address 4 Broad St		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
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 David W Heon			Director Name Shirley Richard		
Street Address 99 Pulaski Rd			Street Address 611 South Main St		
City Chepachet	State RI	Zip 02814	City Pascoag	State RI	Zip 02859
Director Name Michael J Gallant			Director Name Cynthia Brizard		
Street Address 142 South Main St			Street Address P O Box 1010		
City Pascoag	State RI	Zip 02859	City Mapleville	State RI	Zip 02839
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 Evelyn M Levesque, Treasurer				Date 5/2/16	
Signature of Officer/Authorized Representative <i>Evelyn M Levesque</i>					

FILED

JUN 06 2016

By KL 1724