RI SOS Filing Number: 201600395200 Date: 06/08/2016 4:00 PM

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
61364	RHODE ISLAND CEMETERY ASSOCIATION
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	DISCUSS AND ACT ON ISSUES COMMON TO THE CEMETERY INDUSTRY IN RI

5. Principal Office Address	City	State	Zip
ONE RHODE ISLAND AVE	JOHNSTON	RI	02919

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
WILLIAM CALDWELL	585 BLACKSTONE BLVD.	PROVIDENCE	RI	02907

Vice-President Name	Street Address	City	State	Zip
MARY DOUGLAS	100 HARRISON AVE.	WARWICK	RI	02888

Secretary Name	Street Address	City	State	Zip
LINDA D. MANUPPELLI	ONE RHODE ISLAND AVE	JOHNSTON	RI	02919

Treasurer Name	Street Address	City	State	Zip
LINDA D. MANUPPELLI	ONE RHODE ISLAND AVE.	JOHNSTON	RI	02919

7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
GEORGE BOARDMAN, PAST PRESIDENT	908 LONSDALE AVE.	CENTRAL FALLS	RI	02863

Director Name	Street Address	City	State	Zip
ENZLY RAMSAY	PO BOX 407	BRISTOL	RI	02809

Director Name	Street Address	City	State	Zip
DAVID RAPOSA	80 ST. MARYS DRIVE	CRANSTON	RI	02920

Director Name	Street Address	City	State	Zip
THOMAS ROGERS	80 EVERETT ST.	PAWTUCKET	RI	02861

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.

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

Name of Officer/Authorized Representative	Date
LINDA D. MANUPPELLI	5-19-16

Signature of Officer/Authorized Representative: Linda D. Manuppelli SIGN DOCUMENT HERE

FILED
JUN 08 2016
BY 123805

Form No. 631
Revised: 2016
137877-27-1127588