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
70382	ST. PAUL EVANGELICAL LUTHERAN CHURCH CEMETERY, INC.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	TO MAINTAIN AND OPERATE A CEMETERY IN WARWICK, RI

5. Principal Office Address	City	State	Zip
389 GREENWICH AVENUE	WARWICK	RI	02886

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

President Name	Street Address	City	State	Zip
RUSSELL BERNTSON	323 THAMES AVENUE	WARWICK	RI	02886

Vice-President Name	Street Address	City	State	Zip
ROBERT JACOB	69 HIGH POINT	EAST GREENWICH	RI	02818

Secretary Name	Street Address	City	State	Zip
DALE WHITNEY	99 MYRTLE AVENUE	WARWICK	RI	02886

Treasurer Name	Street Address	City	State	Zip
CAROLYN ROMELCZYK	141 NATICK AVENUE	WARWICK	RI	02886

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
JUDY FORGUE	58 JUSTIN WAY	CRANSTON	RI	02910

Director Name	Street Address	City	State	Zip
MICHAEL MARZULLO	17 HARMONY STREET	WEST WARWICK	RI	02893

Director Name	Street Address	City	State	Zip
ELIZABETH BERNTSON	323 THAMES AVENUE	WARWICK	RI	02886

Director Name	Street Address	City	State	Zip

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
CAROLYN ROMELCZYK, TREASURER	6/8/16

Signature of Officer/Authorized Representative
Carolyn Romelczyk SIGN DOCUMENT HERE

FILED
JUN 10 2016
BY 0931DS

Form No. 631
Revised: 2016