



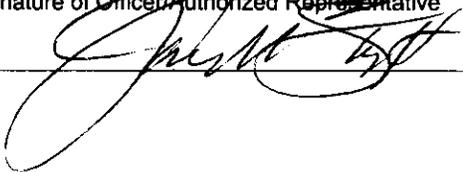
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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			
26347		Highland Memorial Park			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Cemetery and Memorial Services			
5. Principal Office Address			City	State	Zip
1 Rhode Island Ave.			Johnston	RI	02919
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Joseph R. Swift			Vice-President Name N/A (none)		
Street Address 1 Rhode Island Ave.			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Russell Brush			Treasurer Name Barry L. Yeaw		
Street Address 1 Rhode Island Ave.			Street Address 1 Rhode Island Ave.		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name Wilfrid L. Gates			Director Name Joseph R. Swift		
Street Address 1 Rhode Island Ave.			Street Address 1 Rhode Island Ave.		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name Russell Brush			Director Name Barry L. Yeaw		
Street Address 1 Rhode Island Ave.			Street Address 1 Rhode Island Ave.		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 Joseph R. Swift, President				Date 6/17/16	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUN 20 2016

BY 37763

Highland Memorial Park

1 RHODE ISLAND AVENUE JOHNSTON, RHODE ISLAND 02919-2120

(off Geo. Waterman Road)

(401) 231-9120

Fax (401) 232-7510

ATTACHMENT: ADDITIONAL DIRECTORS

Linda Abatecola
1 Rhode Island Ave.
Johnston, RI 02919

Theodore Richard
1 Rhode Island Ave.
Johnston, RI 02919