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

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

FILED
JUL 05 2016
By

1. Entity ID Number 30169	2. Exact name of the Corporation White Brook Cemetery, Corp.
3. State of Incorporation R.I.	4. Brief description of the character of business conducted in Rhode Island Burial of Deceased

5. Principal Office Address	City	State	Zip
69 Shannock Hill	Richmond	RI	02812-1117

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

President Name: John Bousseau	Vice-President Name: Margit Bousseau
Street Address: Riverwood Ave	Street Address: Hill Top Ave, off River Street
City: Charlestown State: RI Zip: 02813	City: Charlestown State: RI Zip: 02813
Secretary Name: Norma E. Barber	Treasurer Name: Norma E. Barber
Street Address: 69 Shannock Hill	Street Address: 69 Shannock Hill
City: Richmond State: RI Zip: 02812	City: Richmond State: RI Zip: 02812-1117

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

Director Name: William Barber	Director Name: John Quinn
Street Address: 69 Shannock Hill	Street Address: Carolina Back Rd.
City: Richmond State: RI Zip: 02812-1117	City: Charlestown State: RI Zip: 02813
Director Name: Seth W. Barber	Director Name: John Bousseau
Street Address: Hill Top Ave	Street Address: Riverview Ave
City: Hopkinton State: RI Zip: 02832	City: Charlestown State: RI Zip: 02813

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: June 30, 2016

Signature of Officer/Authorized Representative
Norma E. Barber SIGN DOCUMENT HERE

MAIL TO:
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138949-11-1136457