

State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. <u>000028686</u>

2. Name of Corporation Chepachet Cemetery Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 1049 PUTNAM PIKE

City or Town: CHEPACHET State: RI Zip: 02814 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

BURIAL OF THE DEAD.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID CHACE	54 CHOPMIST HILL RD. CHEPACHET, RI 02814 USA
DIRECTOR	PHYLLIS C. STEGER	42 DOUGLAS HOOK RD CHEPACHET, RI 02814 USA
TREASURER	JAMES A. CHASE	169 STILLWATER RD.

		SMITHFIELD, RI 02917 USA
DIRECTOR	WALTER DISNEY	291 COOPER RD. CHEPACHET, RI 02814 USA
DIRECTOR	DAVID J. STEERE	1311 PUTNAM PIKE CHEPACHET, RI 02814 USA
DIRECTOR	RALPH M. COLE	1272 SNAKE HILL RD. NORTH SCITUATE, RI 02857 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JAMES A. CHASE 1049 PUTNAM PIKE P.O. BOX 4 CHEPACHET, RI 02814

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

Signed this 6 Day of July, 2016 at 9:40:34 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By JAMES A. CHASE
Signature of Authorized Person

Form No. 631 Revised 09/07

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