



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

**FILED**

JUL 07 2016

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BY \_\_\_\_\_

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			
31355		The Riverside Burial Society of Pawtucket			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Burial of the human dead.			
5. Principal Office Address			City	State	Zip
724 Pleasant Street			Pawtucket	RI	02860
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Milton Payne			Vice-President Name Tina Preble		
Street Address 7 Kinne Road			Street Address 422 S. Main Street		
City Glastonbury	State CT	Zip 06033	City Bradford	State MA	Zip 01835
Secretary Name David R. Harrison			Treasurer Name Polly Stiles		
Street Address 55 Mead Street			Street Address 724 Pleasant Street		
City Seekonk	State MA	Zip 02771	City Pawtucket	State RI	Zip 02860
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Milton Payne			Director Name Polly Stiles		
Street Address 7 Kinne Road			Street Address 724 Pleasant Street		
City Glastonbury	State CT	Zip 06033	City Pawtucket	State RI	Zip 02860
Director Name David R. Harrison			Director Name Connie Baker		
Street Address 55 Mead Street			Street Address 1018 Shannock Road		
City Seekonk	State MA	Zip 02771	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.					
<b>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.</b>					
<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				Date	
<i>Polly Stiles</i>				<i>6-16-16</i>	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	
<i>Polly Stiles</i>					