



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.

1. Entity ID Number 30572		2. Exact name of the Corporation The Union Cemetery Burial Society of north Smithfield	
3. State of Incorporation RJ		4. Brief description of the character of business conducted in Rhode Island Selling Graves, Conducting Burial Services	
5. Principal Office Address 58 main st PO Box 701		City Slatersville	State RI
		Zip 02876	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Thomas mellow		Vice-President Name Douglas Keene	
Street Address 9 Lincoln Drive		Street Address 58 main Street	
City no. Smithfield	State RI	City Slatersville	State RI
Zip 02896		Zip 02876	
Secretary Name Jacqueline Zifcak		Treasurer Name Douglas Keene	
Street Address 14 010 Sayles Hill Road		Street Address 58 main street	
City no. Smithfield	State RI	City Slatersville	State RI
Zip 02896		Zip 02876	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Christine Kent		Director Name Keith Klockars^a	
Street Address 121 Follett Street		Street Address 676 Pound Hill Road	
City no. Smithfield	State RI	City no. Smithfield	State RI
Zip 02896		Zip 02896	
Director Name Kimberly Tomasi		Director Name Walter Keene	
Street Address 4 Farrell Street		Street Address 1145 Woonsocket Hill Road	
City Cumberland	State RI	City no. Smithfield	State RI
Zip 02864		Zip 02896	
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 Douglas Keene			Date 12-19-16
Signature of Officer/Authorized Representative Douglas Keene SIGN DOCUMENT HERE			

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

DEC 21 2016
 By 1119