



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 <u>0026819</u>		2. Exact name of the Corporation <u>Elm Grove Cemetery Company</u>	
3. State of Incorporation <u>RT</u>		4. Brief description of the character of business conducted in Rhode Island <u>Cemetery</u>	
5. Principal Office Address <u>960 Tower Hill Rd</u>		City <u>No Kingstown</u>	State <u>RI</u>
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Charles Lafreniere</u>		Vice-President Name <u>Verna Lafreniere</u>	
Street Address <u>960 Tower Hill Rd</u>		Street Address <u>960 Tower Hill Rd</u>	
City <u>No Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>No Kingstown</u>
Secretary Name <u>Verna Lafreniere</u>		Treasurer Name <u>Charles Lafreniere</u>	
Street Address <u>960 Tower Hill Rd</u>		Street Address <u>960 Tower Hill Rd</u>	
City <u>No Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>No Kingstown</u>
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 <u>Phyllis OATley</u>		Director Name <u>Bernard Lafreniere</u>	
Street Address <u>1174 Ten Rod Rd</u>		Street Address <u>1159 Tower Hill Rd</u>	
City <u>EXETER</u>	State <u>RI</u>	Zip <u>02822</u>	City <u>No Kingstown</u>
Director Name <u>Verna Lafreniere</u>		Director Name	
Street Address <u>960 Tower Hill Rd</u>		Street Address	
City <u>No Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City
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>			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>Charles Lafreniere</u>			Date <u>3/16/17</u>
Signature of Officer/Authorized Representative <u>Charles Lafreniere</u>			

RECEIVED  
 R.I. DEPT. OF STATE  
 BUSINESS DIV  
 2017 MAR 22  
 AM 11:53  
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 2017 MAR 20  
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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED** 11:54  
**MAR 21 2017**  
 BY 4298741