



RJ SOS Filing Number: 201743859580

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Office of the Secretary of State

Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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.

1. Corporate ID No. 29926		2. Name of Corporation Pleasant View Cemetery			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 40 30 FRAZIER LANE		City Tiverton	Zip 02878
5. Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island cemetery					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kaylene Riley			Vice President Name		
Street Address 911 CRANDALL ROAD			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Secretary Name			Treasurer Name Sherrill Estes		
Street Address			Street Address 30 FRAZIER LANE		
City	State	Zip	City TIVERTON	State RI	Zip 02878
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name STUART CARR			Director Name WAYNE CARR		
Street Address 607 CRANDALL ROAD			Street Address 296 LONGHIGHWAY		
City TIVERTON	State RI	Zip 02878	City LITTLECOMPTON	State RI	Zip 02837
Director Name AMANDA CARR			Director Name RONALD HELGER		
Street Address 296 Long Highway			Street Address 578 LAKE ROAD		
City LITTLECOMPTON	State RI	Zip 02837	City TIVERTON	State RI	Zip 02878
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: Sherrill Estes Date: 5-25-17

Print or Type Name of Officer: SHERRILL ESTES

Title of Officer: TREASURER

Form 631 Rev. 09/17

FILED

MAY 30 2017

BY 66300