



State of Rhode Island and Providence Plantations
Department of State - Business Services Division


Annual Report for the year: 2017

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 30302		2. Exact name of the Corporation PORTSMOUTH CECETERY CORP			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island MAINTAINING A FINAL RESTING PLACE FOR THE DEPARTED			
4. NAICS Code 81222					
6. Principal Office Address 124 HEDLY ST		City PORTSMOUTH		State RI	Zip 02871
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name RONALD L. CHACE			Vice-President Name RICHARD H. HATCH		
Street Address 124 HEDLY ST			Street Address 2305 EAST MAIN RD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Secretary Name MELISSA BARKER			Treasurer Name BARBARA A. SHERMAN		
Street Address 178 MIDDLE RD			Street Address 126 EAST MAIN RD		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. 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 MARK WILKEY			Director Name SAMUEL FAY		
Street Address 3140 EAST MAIN RD			Street Address 26 BLUE BIRD DR.		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
Director Name MICHAEL KNOTT			Director Name		
Street Address 116 RHODE ISLAND BLD.			Street Address		
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
9. 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 RONALD L. CHACE, PRESIDENT					Date 6/1/2017
Signature of Officer/Authorized Representative 					

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

JUN 05 2017

12308

12308

FORM 501 - BUSINESS - 12/07