



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 000030472		2. Exact name of the Corporation Wood River Cemetery			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island maintenance of cemeteries			
4. NAICS Code 813910 - Business Assoc <input type="checkbox"/>					
6. Principal Office Address 85 Nooseneck Hill Road			City Richmond	State RI	Zip
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Martha B. Vida			Vice-President Name Georgia J. Ure		
Street Address 27 Sachem Rd			Street Address 26 Prospect Square (PO Box 123)		
City Greenwich	State CT	Zip 06830	City Wyoming	State RI	Zip 02898
Secretary Name Caroline Barnes			Treasurer Name Carolyn S. Richard		
Street Address 155 Davenport Dr			Street Address 96 Shannock Hill Road (PO Box 8)		
City Chesterfield	State NJ	Zip 08515	City Shannock	State RI	Zip 02875
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 Martha B. Vida			Director Name Georgia J. Ure		
Street Address 27 Sachem Rd			Street Address 26 Prospect Square (PO Box 123)		
City Greenwich	State CT	Zip 06830	City Wyoming	State RI	Zip 02898
Director Name Caroline Barnes			Director Name Carolyn S. Richard		
Street Address 155 Davenport Dr			Street Address 96 Shannock Hill Rd (PO Box 8)		
City Chesterfield	State NJ	Zip 08515	City Shannock	State RI	Zip 02875
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 Carolyn S. Richard, Treasurer				Date June 7, 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

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