



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 <b>31355</b>		2. Exact name of the Corporation <b>The Riverside Burial Society of Pawtucket</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Burial of the human dead.</b>			
4. NAICS Code <b>81220</b>					
6. Principal Office Address <b>724 Pleasant Street</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Milton Payne</b>			Vice-President Name <b>Tina Preble</b>		
Street Address <b>7 Kinne Road</b>			Street Address <b>422 S. Main Street</b>		
City <b>Glastonbury</b>	State <b>CT</b>	Zip <b>06033</b>	City <b>Bradford</b>	State <b>MA</b>	Zip <b>01835</b>
Secretary Name <b>David R. Harrison</b>			Treasurer Name <b>Polly Stiles</b>		
Street Address <b>55 Mead Street</b>			Street Address <b>724 Pleasant Street</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Milton Payne</b>			Director Name <b>Polly Stiles</b>		
Street Address <b>7 Kinne Road</b>			Street Address <b>724 Pleasant Street</b>		
City <b>Glastonbury</b>	State <b>CT</b>	Zip <b>06033</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name <b>David R. Harrison</b>			Director Name <b>Connie Baker</b>		
Street Address <b>55 Mead Street</b>			Street Address <b>1018 Shannock Road</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
9. 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>					
<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 <b>X Polly D Stiles</b>				Date <b>X 6-26-17</b>	
Signature of Officer/Authorized Representative <i>Polly D Stiles</i>					

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 28 2017

BY 1677

FORM 631 - Revised: 06/2017