



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

Annual Report for the year:
Non-Profit Corporation

2017

→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
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1. Entity ID Number 000028354		2. Exact name of the Corporation DAK HILL CEMETERY	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island BURIALS	
4. NAICS Code 561730			
6. Principal Office Address 204 RATHBUN ST.		City WONSOCKET	State RI
		Zip 02895	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name ELIZABETH VANGEL		Vice-President Name	
Street Address 335 HANUS AVE.		Street Address	
City WONSOCKET	State RI	City	State
Zip 02895		Zip	
Secretary Name NORMA JENCKES		Treasurer Name NORMA JENCKES	
Street Address 17 CHERCOFF RD.		Street Address 17 CHERCOFF RD.	
City PANTUCKET	State RI	City PANTUCKET	State RI
Zip 02861		Zip 02861	
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 NORMA JENCKES		Director Name JIM MONAHAN	
Street Address 17 CHERCOFF RD.		Street Address 20 DAK HILL / 204 RATHBUN ST.	
City PANTUCKET	State RI	City WONSOCKET	State RI
Zip 02861		Zip 02895	
Director Name ABIGAIL SUAREZ		Director Name ELIZABETH VANGEL	
Street Address 20 FRONT ST.		Street Address 335 HANUS AVE.	
City WONSOCKET	State RI	City WONSOCKET	State RI
Zip 02895		Zip 02895	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative ELIZABETH VANGEL			Date 10.13.17
Signature of Officer/Authorized Representative <i>Elizabeth Vangel</i>			

FILED
SIGN DOCUMENT HERE

OCT 13 2017
BY *314855* 4:26