



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

Annual Report for the year: 2016  
 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.

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 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2017 OCT 13 PM 4 24

1. Entity ID Number <u>000028354</u>		2. Exact name of the Corporation <u>DAK HILL CEMETERY</u>	
3. State of Incorporation <u>KI</u>		5. Brief description of the character of business conducted in Rhode Island <u>BURIALS</u>	
4. NAICS Code <u>561730</u>			
6. Principal Office Address <u>204 RATHBUN ST</u>		City <u>WOUNSOCKET</u>	State <u>KI</u>
		Zip <u>02895</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>ELIZABETH VANGEL</u>		Vice-President Name	
Street Address <u>335 HANCOCK AVE.</u>		Street Address	
City <u>WOUNSOCKET</u>	State <u>KI</u>	Zip <u>02895</u>	
Secretary Name <u>NORMA JENKES</u>		Treasurer Name <u>NORMA JENKES</u>	
Street Address <u>17 CRESCENT RD.</u>		Street Address <u>17 CRESCENT RD.</u>	
City <u>PANTUCKET</u>	State <u>KI</u>	Zip <u>02861</u>	
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 <u>NORMA JENKES</u>		Director Name <u>THE MENCHANT</u>	
Street Address <u>17 CRESCENT RD.</u>		Street Address <u>80 DAK HILL / 204 RATHBUN ST</u>	
City <u>PANTUCKET</u>	State <u>KI</u>	Zip <u>02801</u>	
Director Name <u>ABIGAIL SUAREZ</u>		Director Name <u>ELIZABETH VANGEL</u>	
Street Address <u>20 FRONT ST.</u>		Street Address <u>335 HANCOCK AVE.</u>	
City <u>WOUNSOCKET</u>	State <u>KI</u>	Zip <u>02895</u>	
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 <u>ELIZABETH VANGEL</u>			Date <u>10.13.17</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

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**  
**OCT 13 2017**  
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