RI SOS Filing Number: 201863501860 Date: 5/3/2018 1:49:00 PM

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

Annual Report for the year: 20 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.

2018 APR 25	RECEIV SECRETARY CORPORATI
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						<del></del>			
1. Entity ID Number <b>41669</b>		2. Exact name of the Corporation  Proprietors of the Warren South Burial Ground							
3. State of Incorporation		5. Brief description of the character of business conducted in Rhode Island							
Rhode Island	Cemetery bu	urying physical rem	ains and m	naintaining grounds					
4. NAICS Code 812220									
SOWAMSETT AVENUE			City	<del></del>	State	Zip			
P. O. Box 9445				ence	RI	02940			
7. List ALL officers (names and		<u> </u>			Check the box to indi	cate an attachment			
President Name			Vice-President Name Hirum Jamiel						
Street Address			Street Address 429 Main Street						
City	State	Zıp	City	Warren	State RI	2885077			
Secretary Name David A. Brown			Treasurer Name David A. Brown						
Street Address P. O. Box 9445			Street Address P. O. Box 9445						
City Providence	State RI	Zip 02940	City	Providence	State RI	270 02936			
8. List ALL directors (names and	d addresses). RI (	Corporations MUST I	ist at least 1		Check the box to ind	cate an attachment			
Director Name Judith Fardig			D rector Name Hirum Jamiel						
Street Address 17 Milwaukee Avenue			Street Address 429 Main Street						
City Warren	State RI	Zip 02885	City	Warren	State RI	Zip 02885			
Director Name Susan O. Brown			Director Name David A. Brown						
Street Address 15 Bond Road			Street Address P. O. Box 9445						
City Riverside	State RI	Zip 02915	City	Providence	State RI	<sup>Zip</sup> 02940			
9, Registered Agent in Rhode Is	sland, This informat	tion is currently of recor	d in the Depa	artment of State, Changes	require filing Form (	541.			
Under penalty of perjury, I de statements, and that all state				rt, including any acc	ompanying sched	dules and			
This report must be signed by either the	President, Vice-Presid	ent, Secretary, Assistant S	ecretary, Treas	urer, duly Authorized Repres	entative, Receiver or Tr	usiee			
Name of Officer/Authorized Representative					Date				
David A. Brown, Secretary					2018-04-19 EN FD				
Signature of Officer/Authorized	Representative	7 105 500	JAFAFIL	.ED	^				
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 0 3 2018

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