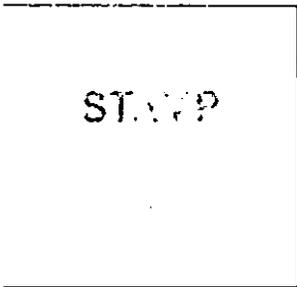




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Annual Report for the year: **2018**

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 31355		2. Exact name of the Corporation The Riverside Burial Society of Pawtucket			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Burial of the human dead.			
4. NAICS Code 81220					
6. Principal Office Address 724 Pleasant Street		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Milton Payne		Vice-President Name Tina Preble			
Street Address 7 Kinne Road		Street Address 422 S. Main Street			
City Glastonbury	State CT	Zip 06033	City Bradford	State MA	Zip 01835
Secretary Name David R. Harrison		Treasurer Name Polly Stiles			
Street Address 55 Mead Street		Street Address 724 Pleasant Street			
City Seekonk	State MA	Zip 02771	City Pawtucket	State RI	Zip 02860
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 Milton Payne		Director Name Polly Stiles			
Street Address 7 Kinne Road		Street Address 724 Pleasant Street			
City Glastonbury	State CT	Zip 06033	City Pawtucket	State RI	Zip 02860
Director Name David R. Harrison		Director Name Connie Baker			
Street Address 55 Mead Street		Street Address 1018 Shannock Road			
City Seekonk	State MA	Zip 02771	City Charlestown	State RI	Zip 02813
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 Polly Stiles, TREASURER				Date 5-21-2018	
Signature of Officer/Authorized Representative <i>Polly Stiles, Treasurer</i>				SIGN DOCUMENT HERE FILED	

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 23 2018
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