



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

STAMP

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 <input type="checkbox"/>							
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>						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

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