



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<br><b>29101</b>  |                 | 2. Exact name of the Corporation<br><b>Pascoag Cemetery in Burrillville</b>                   |   |                        |                  |
| 3. State of Incorporation<br><b>Rhode Island</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Burials</b> |   |                        |                  |
| 4. NAICS Code<br><b>812210</b>   |                 |   |   |                        |                  |
| 6. Principal Office Address<br><b>305 Pascoag Main St P O Box 622</b>  |                 | City<br><b>Harrisville</b>  | State<br><b>RI</b>                      | Zip<br><b>02830</b>    |                  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |   |                        |                  |
| President Name <b>Bruce W Rylah</b>  |                 |   | Vice-President Name <b>Mark Brizard</b> |                        |                  |
| Street Address <b>60 George Eddy Road</b>  |                 |   | Street Address <b>P O Box 1010</b>      |                        |                  |
| City <b>Pascoag</b>  | State <b>RI</b> | Zip <b>02859</b>  | City <b>Mapleville</b>                  | State <b>RI</b>        | Zip <b>02839</b> |
| Secretary Name <b>Barbara Schouboe</b>   |                 |   | Treasurer Name <b>Evelyn M Levesque</b> |                        |                  |
| Street Address <b>182 No Main St</b>   |                 |   | Street Address <b>4 Broad St</b>        |                        |                  |
| City <b>Pascoag</b>  | State <b>RI</b> | Zip <b>02859</b>  | City <b>Pascoag</b>                     | State <b>RI</b>        | Zip <b>02859</b> |
| 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 <b>David W Heon</b>  |                 |   | Director Name <b>Shirley Richard</b>    |                        |                  |
| Street Address <b>99 Pulasck Rd</b>  |                 |   | Street Address <b>611 So Main St</b>    |                        |                  |
| City <b>Chepachet</b>  | State <b>RI</b> | Zip <b>02814</b>  | City <b>Pascoag</b>                     | State <b>RI</b>        | Zip <b>02859</b> |
| Director Name <b>Michael J Gallant</b>   |                 |   | Director Name <b>Scott Rylah</b>        |                        |                  |
| Street Address <b>142 So Main St</b>   |                 |   | Street Address <b>55 George Eddy Rd</b> |                        |                  |
| City <b>Pascoag</b>  | State <b>RI</b> | Zip <b>02859</b>  | City <b>Pascoag</b>                     | State <b>RI</b>        | Zip <b>02859</b> |
| 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<br><b>Evelyn M Levesque</b>  |                 |   |   | Date<br><b>5/28/18</b> |                  |
| Signature of Officer/Authorized Representative<br><i>Evelyn M Levesque</i>   |                 |   |   |                        |                  |

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**

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