



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

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JUN 04 2018

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