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

RECEIVED STATE SECRETARY OF STATE CORPORATIONS DIV. 2018 JUN -7 AM 10: 54

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	2. Exact name of the Corporation
000026388	**Hillside Cemetery Association**
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: BURIALS
4. NAICS Code: 812220	

6. Principal Office Address	City	State	Zip
313 Neck Road Tiverton, RI 02878	**Tiverton**	**RI**	**02878**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Richard Guimond			Vice-President Name: NONE		
Street Address: 37 Neck Road			Street Address:		
City: Tiverton	State: RI	Zip: 02878	City:	State:	Zip:
Secretary Name: Robert C. Martin			Treasurer Name: Robert C. Martin		
Street Address: 313 Neck Road			Street Address: 313 NECK ROAD		
City: Tiverton	State: RI	Zip: 02878	City: TIVERTON	State: RI	Zip: 02878

8. List ALL directors (names and addresses) RI Corporations **MUST** list at least **THREE** directors — Check the box to indicate an attachment ☐

Director Name: Gerald Silva			Director Name: Richard Bolduc		
Street Address: 109 North Court			Street Address: 20 Stafford Heights Road		
City: Tiverton	State: RI	Zip: 02878	City: Fall River	State: MA	Zip: 02721
Director Name: Donald Snell			Director Name: William S. Sanford		
Street Address: 127 Bulgarmarsh Road			Street Address: 3670 BULGARMARSH ROAD		
City: Tiverton	State: RI	Zip: 02878	City: TIVERTON	State: RI	Zip: 02878

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Robert C. Martin	**6/04/18**

Signature of Officer/Authorized Representative: Robert C. Martin

FILED

JUN 07 2018

BY M 332168

MAIL TO:
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