RI SOS Filing Number: 201869908410 Date: 6/18/2018 4:00:00 PM

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 | 2. Exact name of the Corporation |
|---|---|
| 26347 | Highland Memorial Park |
| 3 State of Incorporation: RI | 5 Brief description of the character of business conducted in Rhode Island: Cemetery and Memorial Services |
| 4. NAICS Code: 812220 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 1 Rhode Island Ave. | Johnston | RI | 02919 |

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

| President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Joseph R. Swift | 1 Rhode Island Ave. | Johnston | RI | 02919 |

| Vice-President Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| N/A (none) | | | | |

| Secretary Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Russell Brush | 1 Rhode Island Ave. | Johnston | RI | 02919 |

| Treasurer Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Barry L. Yeaw | 1 Rhode Island Ave. | Johnston | RI | 02919 |

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

| Director Name | Street Address | City | State | Zip |
|---|---|---|---|---|
| Wilfrid L. Gates | 1 Rhode Island Ave. | Johnston | RI | 02919 |
| Joseph R. Swift | 1 Rhode Island Ave. | Johnston | RI | 02919 |
| Russell Brush | 1 Rhode Island Ave. | Johnston | RI | 02919 |
| Barry L. Yeaw | 1 Rhode Island Ave. | Johnston | RI | 02919 |

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 |
|---|---|
| Joseph R. Swift, President | 6/12/18 |

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

**MAIL TO:**
**Division of Business Services**
148 W River Street, Providence, Rhode Island 02904-2615
**Phone:** (401) 222-3040
**Website:** www.sos.ri.gov

**FORM 631 - Revised: 11/2017**

FILED
JUN 18 2018
BY 39399 DS

Highland Memorial Park
1 RHODE ISLAND AVENUE JOHNSTON, RHODE ISLAND 02919-2120
(off Geo. Waterman Road)
(401) 231-9120
Fax (401) 232-7510

ATTACHMENT: ADDITIONAL DIRECTORS

Linda Abatecola
1 Rhode Island Ave.
Johnston, RI 02919

Theodore Richard
1 Rhode Island Ave.
Johnston, RI 02919

Robert J. Civetti
1 Rhode Island Ave.
Johnston, RI 02919