



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.

**FILED** *[Signature]*  
 JUN 19 2018  
 BY 2558

1. Entity ID Number <b>26226</b>		2. Exact name of the Corporation <b>Diamond Hill Cemetery</b>			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Cemetery			
4. NAICS Code 813990 - Other Similar Organizati					
6. Principal Office Address 12 Ridgeland Drive		City Cumberland	State RI	Zip 02864	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Jane Byrne		Vice-President Name William Hggerty			
Street Address 12 Ridgeland Dr		Street Address 150 Pine Swamp Rd			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Edward Cowger		Treasurer Name George Lacouture			
Street Address 196 Old River Rd		Street Address 1175 Diamond Hill Rd, #201			
City Lincoln	State RI	Zip 02864	City Woonsocket	State RI	Zip 02895
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 Judith Ammerman		Director Name Kathleen Hart			
Street Address 28 Peacedale Rd		Street Address 4422 Diamond Hill Rd			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Ronald Schofield		Director Name Ryan Schofield			
Street Address 4420 Diamond Hill Rd		Street Address 2 Summer Brown Rd			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 Jane Byrne				Date <u>6/15/2018</u>	
Signature of Officer/Authorized Representative <i>Jane Byrne</i>				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