



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

STATE OF RHODE ISLAND
 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 26449		2. Exact name of the Corporation East Greenwich Cemetery Corpotation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Burial Ground			
4. NAICS Code 812990					
6. Principal Office Address PO Box 137 -100 First Avenue		City East Greenwich	State RI	Zip 02818	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Danny Moone		Vice-President Name			
Street Address 31 Upland Avenue		Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Allison H. Morrison		Treasurer Name Allison H. Morrison			
Street Address P.O. Box 137 P.O. Box 66		Street Address P.O. Box 137 P.O. Box 66			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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 Alan Clarke		Director Name Robert Allen Greene			
Street Address P. O. Box 27		Street Address P.O. Box 137			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Gene Dumas		Director Name Lydia Keenzel			
Street Address 50 Montrose Street		Street Address 37 Oberlin Drive			
City Eats Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02886
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 Allison H. Morrison					Date 6/23/18
Signature of Officer/Authorized Representative <i>Allison H. Morrison</i> FILED					

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

JUN 25 2018
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