



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

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JUN 29 AM 10:14

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 26158		2. Exact name of the Corporation The Harmony Cemetery and Chapel Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Care and preservation of cemetery and chapel by heirs of deceased buried there.			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 29 Old Quarry Road		City North Scituate		State RI	Zip 02857
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bruce W. Holt			Vice-President Name		
Street Address 29 Suddard Lane			Street Address		
City Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Priscilla W. Holt			Treasurer Name Priscilla W. Holt		
Street Address 29 Old Quarry Road			Street Address 29 Old Quarry Road		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
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 Judith Durocher			Director Name Miriam Spencer		
Street Address 161 Old County Road			Street Address East Avenue		
City Esmond	State RI	Zip 02907	City Harrisville	State RI	Zip 02930
Director Name Hubert Holt Jr.			Director Name		
Street Address 29 Old Quarry Road			Street Address		
City Scituate	State RI	Zip 02857	City	State	Zip
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 Bruce W. Holt				Date June 29, 2018	
Signature of Officer/Authorized Representative <i>Bruce W. Holt</i>				SIGN DOCUMENT HERE 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

FILED
 JUN 29 2018
 BY *333886*