



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2019

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.

STAMP
 107
 DEPT. OF STATE
 RI, ONLY

1. Entity ID Number 29675		2. Exact name of the Corporation Spring Vale Cemetery Company of East Providence, R.I.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Sale of grave lots, operation of non-profit cemetery for burial and care of deceased			
4. NAICS Code 813910 - Business Associati					
6. Principal Office Address 65 Oakdell Circle			City East Greenwich	State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Linda A. Cunningham			Vice-President Name Linda A. Cunningham		
Street Address 65 Oakdell Circle			Street Address 65 Oakdell Circle		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Susan Suprenant			Treasurer Name Linda A. Cunningham		
Street Address 65 Oakdell Circle			Street Address 65 Oakdell Circle		
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 Linda A. Cunningham			Director Name Susan Suprenant		
Street Address 65 Oakdell Circle			Street Address 65 Oakdell Circle		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Michael E. Cunningham			Director Name		
Street Address 65 Oakdell Circle			Street Address		
City East Greenwich	State RI	Zip 02818	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 Linda A. Cunningham				Date May 27, 2019	
Signature of Officer/Authorized Representative <i>Linda A. Cunningham</i>				FILED JUN 03 2019 BY <u>197</u> <i>KM</i>	

MAIL TO:
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 Website: www.sos.ri.gov