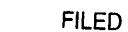


Annual Report for the year: Non-Profit Corporation

- → Filing period. June 1 June 30
- → Filing Fee \$20.00
- → Penalty. Additional \$25.00 fee if form is not filed by July 30.



JUN 0 7 2019 BY_362\0\5

1 Entity ID Number	2. Exact name of the Corporation												
000026388		Hillside Cemetery Association											
State of Incorporation	Brief description of the character of business conducted in Rhode Island												
hode Island 5. Brief description of the characte					r of business conducted in knode Island								
Rhode Island										}			
4 NAICS Code	<u> </u>												
812220												į	
6. Principal Office Address					City				State		Zi	Zip	
313 Neck Road						Tiverton			RI			02878	
7 List ALL officers (names and addresses) Check the box to indicate a									e an	attachment			
President Name Richard Guimond					Vice-President Name none								
Street Address 37 Neck Road					Street Address								
Caul	Con		11						T _a .		1 -		
City Tiverton	State	RI][211	02878	'	City			State		Zij		
Secretary Name Robert C. Martin					Treasurer Name Robert C. Martin								
Street Address 313 Neck Road					Street Address 313 Neck Road								
City Tiverton, RI 02878	State	RI	Zıp	02878	7	City Ti	vertor		State	RI	Zı	02878	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.													
Check the box to indicate an attachment													
Director Name Gerald Silva					Director Name Richard Bolduc								
Street Address 109 North Court					Street Address 20 Stafford Heights Road								
City Tiverton	State	RI	Ziρ	02878	٥	Fa	III Rive	er	State	MA	Zıp	02721	
Director Name Donald Snell						Director Name William S. Sanford							
Street Address 127 Bulgarmarsh Road					5	Street Address 3670 BULG				ARMAESH ROAD			
City Tiverton, RI 02878	State	RI	Zip	02878	C	City 5	Tives	eton .	State	~	Zip		
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641												- 5.0 70	
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and													
statements, and that all stateme	nts co	ntained he	rein	are true and	co	rrect.							
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					
Robert C. Martin, Secretary								6/4/2019					
Signature of Officer/Authorized Representative See petalpy													

ess Services Division

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040