

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.

FILED

JUN 07 2019

BY

362 DS

1 Entity ID Number 000026388		2 Exact name of the Corporation Hillside Cemetery Association	
3 State of Incorporation Rhode Island		5 Brief description of the character of business conducted in Rhode Island Burials	
4 NAICS Code 812220			
6 Principal Office Address 313 Neck Road		City Tiverton	State RI
		Zip 02878	
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Richard Guimond		Vice-President Name none	
Street Address 37 Neck Road		Street Address	
City Tiverton	State RI	City	State
Zip 02878		Zip	
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	City Tiverton	State RI
Zip 02878		Zip 02878	
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 Gerald Silva		Director Name Richard Bolduc	
Street Address 109 North Court		Street Address 20 Stafford Heights Road	
City Tiverton	State RI	City Fall River	State MA
Zip 02878		Zip 02721	
Director Name Donald Snell		Director Name William S. Sanford	
Street Address 127 Bulgarmarsh Road		Street Address 3670 BULGARMARSH ROAD	
City Tiverton, RI 02878	State RI	City TIVERTON	State RI
Zip 02878		Zip 02878	
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 Robert C. Martin, Secretary			Date 6/4/2019
Signature of Officer/Authorized Representative <i>Robert C. Martin Secretary</i>			