

FILED

JUN 10 2019



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

RV

2035

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000029101		2. Exact name of the Corporation Pascoag Cemetery IN Burrillville	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Cemetery (812210)	
5. Principal office address 305 Pascoag Pt 2-85		City Harrisville	State RI
		City Pascoag	State RI
		Zip 02830	Zip 02859
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name BRUCE RYLAH		Vice-President Name N/A	
Street Address 60 George Eddy Road		Street Address	
City Pascoag	State RI	City	State
Zip 02859		Zip	
Secretary Name Barbara Schouboe		Treasurer Name Same AS Secretary	
Street Address 182 North Main Street		Street Address	
City Pascoag	State RI	City	State
Zip 02859		Zip	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name DAVID HEON		Director Name MICHAEL GALLANT	
Street Address 99 PULASKI ROAD		Street Address 172 South Main ST	
City Chepachet	State RI	City Pascoag	State RI
Zip 02814		Zip 02859	
Director Name Evelyn Levesque		Director Name N/A	
Street Address 9 Broad Street		Street Address	
City Pascoag	State RI	City	State
Zip 02859		Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Barbara A. Schouboe 6/7/2019
Signature of Officer or Authorized Representative Date

Barbara A. Schouboe
Print or Type Name of Officer or Authorized Representative